

Student Residency Questionnaire

Student ID#	First Name	Last Name	Birth Date	School	Grade
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Check Yes or No to statements 1-5 below:	YES	NO
1. My family lives in an emergency or transitional shelter or FEMA (Federal Emergency Management Agency) housing.		
2. My family is sharing the housing of others due to loss of housing, economic hardship, or a similar reason, we are doubling up.		
3. My family is living in a car, temporary RV park, or campground due to lack of alternative accommodations; a public space, abandoned building; substandard housing, bus or train station, public or private space not designed for human beings, or a similar setting.		
4. My family lives in a hotel or motel.		
5. I am an unaccompanied youth (not in the physical custody of a parent or guardian).		

**IF YOU ANSWERED "NO" to all of the questions above
STOP HERE.**

If you answered "YES" to any question above, COMPLETE front and back.

Parent/Guardian Name (first, last)	Parent Phone	Emergency	Email Address
Current Address	City	State	Zip

Please list all children living with you from Pre-K through high school. If needed, use an additional sheet.

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I declare, under penalty of perjury under the laws of this state, that the information provided here is true and correct.

Signature of Parent/Guardian or Unaccompanied Youth

Date

Student Residency Questionnaire (continued)

Parent/Guardian Name (first, last)

I would like referral assistance with the following (check if applicable):

Medical	Dental	Counseling	Homeless Center	School Transportation	School Supplies	Other
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ADMINISTRATIVE USE ONLY

Notes: