



# Student Residency Questionnaire

EsCSD School: \_\_\_\_\_

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the Elementary and Secondary Education Act. The answers you give will help the school determine the services the student may be eligible to receive.

**Please check only one box that best describes where the student is presently living:**

- In my own home or apartment (own or rent), in Section 8 housing, or in military housing.
- Living in the home of a friend or relatives because I lost my housing (examples: lost job, fire, flood, divorce, domestic violence, kicked out by parents, parent in military deployed, parent(s) in jail)
- In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)
- In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization)
- In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)
- In a tent, car, van, substandard housing, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- In Foster Care
- None of the above describe my present living situation. **Briefly describe your situation:** \_\_\_\_\_

**Factors contributing to student's current living situation (check all that apply):**

- Economic hardship:
    - Unemployed (no job) resulting in inability to pay rent or mortgage
    - Low income from part-time or low paying job does not cover cost of housing in the area
    - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
    - Home issues: lack of electricity, water, or heat; inadequate home repair due to lack of funds, overcrowding, mold, etc.
    - Low/fixed income causing economic hardship
    - Eviction record and/or inability to produce deposits for rent or utilities
    - Lack of affordable housing in the area
    - Minor student unable to afford housing on my own
    - High medical bills that leave little or no money for housing
    - Military: parent/guardian deployed, injured or killed in action
  - Incapacity of parent or guardian due to physical health, mental health, drugs/alcohol, or other factors (such as Foster Care)
  - Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, incarceration of parent/guardian
  - Home fire not due to natural causes (i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.)
  - Natural disaster ---  Tornado, storm, flood, etc.  Hurricane, name: \_\_\_\_\_  Fire: prairie, forest, grass, lightning strike, etc.
- None of the above describes the main reasons for my present living situation. **Briefly explain the contributing factors:** \_\_\_\_\_

**Student Information:**

Name of Student: \_\_\_\_\_ Gender:  Male  Female Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Check all that apply that best describes with whom the student resides:

Parent(s)  Legal Guardians(s)\*  Caregiver(s) who are not legal guardian(s) (Example: friends, relatives, parents of friends, etc.)\*  Other \_\_\_\_\_

Name of person with whom student resides: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Other Emergency #: \_\_\_\_\_

Student's Length of Time at Previous Address: \_\_\_\_\_ Student's Length of Time at Present Address: \_\_\_\_\_

Name of the school where student is enrolled or where student is attempting to enroll: \_\_\_\_\_ Last School Attended: \_\_\_\_\_ Last District Attended: \_\_\_\_\_

(\*Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance for students who qualify for McKinney-Vento Children in Transition Program.)

**Signature Required - Continued on reverse** ↗

**Sibling Information:**

Please provide the following information for pre-school and school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	Gender	School	District

**X**

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

\_\_\_\_\_  
Date

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

**For School Use Only:**

Date Student was identified CIT:		Date Entered into Infinite Campus:	
<b>Homeless Status:</b>			
<input type="checkbox"/> Living with Friends or Family	<input type="checkbox"/> Released from penal institution		
<input type="checkbox"/> Separated from Family	<input type="checkbox"/> Abandoned		
<input type="checkbox"/> Foster Care Pending <input type="checkbox"/> Substandard Housing	<input type="checkbox"/> Throwaway (kicked out of home or abandoned due to pregnancy, LGBT issues, family conflicts, parental mental health, or other issues)		
<input type="checkbox"/> Runaway	<input type="checkbox"/> Unaccompanied Youth		
<b>Living Arrangements:</b>			
<input type="checkbox"/> Double-up	<input type="checkbox"/> In shelter		
<input type="checkbox"/> In a hotel/motel	<input type="checkbox"/> Unsheltered (on the street, car, park, campground, abandoned building, trailer, substandard housing)		
<input type="checkbox"/> Other (Please describe):			
<b>District Programs this Student is enrolled in (check all that apply):</b>			
<input type="checkbox"/> Special Education	<input type="checkbox"/> English Language Learner (ELL)	<input type="checkbox"/> Alternative School	
<b>Services Provided:</b>			
<input type="checkbox"/> Transportation (School of Origin)	<input type="checkbox"/> School Supplies Provided	Community Agency Referral for:	
<input type="checkbox"/> School Counseling Support	<input type="checkbox"/> Tutoring/After School/School Break Program	<input type="checkbox"/> Family Issues/Support Service	<input type="checkbox"/> Emergency Clothing
<input type="checkbox"/> Free Breakfast/Lunch Asst. (FRL)	<input type="checkbox"/> Fee Waivers	<input type="checkbox"/> Economic Support	<input type="checkbox"/> Emergency Food
<input type="checkbox"/> Hygiene Supplies	<input type="checkbox"/> Parent Involvement	<input type="checkbox"/> Housing Support	<input type="checkbox"/> Healthcare/Immunization Referral
<input type="checkbox"/> Other:	<input type="checkbox"/> Domestic Violence Program		

Please send this completed and signed form to the District Children in Transition Office. Thank you.

\_\_\_\_\_  
Children in Transition Liaison Signature

\_\_\_\_\_  
Date