

Student Residency Questionnaire and Affidavit

This document helps determine eligibility under the McKinney-Vento Education Assistance Act 42 U.S.C. §11435

	Name of Student(s)	Date of Birth	Last School	Grade	IEP (y, n)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

A. The student(s) currently live in:

- motel/hotel
- shelter
- temporarily with another family
- car, RV, or campsite
- transitional housing
- Other _____

B. The student(s) lives with:

- one parent
- two parents
- a qualified relative
- an adult that is not a legal guardian
- friend(s)
- alone with no adults

D. Is the current address a temporary living arrangement? Yes No

E. Is this living arrangement due to loss of housing or economic hardship? Yes No

F. I am: the parent/legal guardian of the above-named student(s)
 a qualified guardian of the above-named student(s): (relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Print Name: _____ Date: _____

Previous Address: _____

Current Address: _____ Zip Code: _____ Phone #: _____

BUSD McKinney-Vento Liaison Signature

Date