



Student Residency Questionnaire

School Building: _____ Today's Date: _____

Student Name: _____ Birthday: _____ Grade: _____ Gender: M / F

Parent/Guardian Enrolling: _____ Relationship to Student(s): _____

Current Address: _____

Phone #: _____

Last School District Attended: _____ Date Student Left District: _____

Please list all of your preschool (0-4) and school-aged (5-18) children currently living with you:

First Name	Last Name	Date of Birth	Grade	Gender

Are any students included foster children? _____

Do you currently own or rent your home/apartment? _____ (If yes, stop here. If no, continue on)

Please choose which of the following situations the student(s) currently resides in:

- ___ Motel, hotel, campground, or similar setting
- ___ Emergency or transitional shelter (domestic violence or homeless shelter or transitional housing)
- ___ Car, park, public space, abandoned building, bus or train station, or similar setting
- ___ Shared housing – the home of a family member or friend (other than or in addition to the parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- ___ Loss of housing due to eviction
- ___ Loss of housing due to foreclosure
- ___ Loss of housing due to economic hardship
- ___ Temporarily waiting for a house or apartment
- ___ Long term, cooperative living arrangement to save money
- ___ Convenient living arrangement

How long do you anticipate living in this location: _____

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Characteristics:

- ELL
- Migrant
- Military Family (active or veteran)
- Parent(s) incarcerated
- Special education
- Teen parent
- None of the above

Enrolled Programs:

- General education
- 0-3
- GSRP
- Head Start
- Alternative education
- Dual enrollment
- Special Education

School Services:

- Backpack/school supplies
- Counseling
- Clothing
- Enrollment assistance
- FAFSA support
- Free school meals
- Hygiene supplies

Community Referrals:

- Clothing
- Community action agency
- DHHS assistance
- Employment assistance
- Food
- Housing assistance
- Medical/vision/dental
- Mental health
- Does not apply

Transportation Needs:

Within District:

- School bus
- Gas cards
- School van
- Taxi services
- No assistance needed

Cross District:

- School bus
- Gas cards
- Taxi services
- No assistance needed

Barriers Student(s) Face:
