



## 2024-2025 Student Residency Questionnaire

FEDERALLY REQUIRED FORM UPON ENROLLMENT FOR ALL STUDENTS (NEW AND RETURNING)

The State of Texas requires schools to collect data relating to the enrollment of students who may have special circumstances. This collection is done to allow schools the ability to monitor and provide services accordingly. This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The act ensures educational rights and protections for children and youth experiencing homelessness. The answers you provide will help the school district determine the services the family may be eligible to receive.

*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).*

Student's Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Last

First

Middle

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Local Student ID# \_\_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ Previous District/School Attended: \_\_\_\_\_

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

The student lives with: Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Caregiver, not legal guardian \_\_\_\_\_ Other \_\_\_\_\_

☐ Check if the student is on his/her own; no parents or legal guardians are involved with this student (Unaccompanied Youth)

Current Address: \_\_\_\_\_

Phone Number (required) \_\_\_\_\_

How long has the student lived at this address? \_\_\_\_\_

1. Is the above address a temporary living arrangement? ☐ YES ☐ NO

2. Is your current living arrangement due to loss of housing or economic hardship? ☐ YES ☐ NO

Which of the following best describes the student(s) current temporary living arrangement (check one)?

☐ In a **Home or Apartment** with a lease, mortgage, or rental agreement in parent or guardian's name **IF YOU CHECKED THIS BOX, PLEASE STOP HERE**

☐ **Staying with another person/family** due to loss of housing: (financial hardship, divorce, domestic violence, fire, flood, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.)

☐ In a **Hotel or Motel** due to loss of housing (financial hardship, flood, fire, not able to make deposits for permanent housing, etc.) Motel Name: \_\_\_\_\_ Room # \_\_\_\_\_

☐ In a **Shelter** due to loss of housing (living in a family shelter, domestic violence shelter, children/youth shelter, FEMA Housing, run away)

☐ 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 an **Unsheltered** location (car, van, tent, abandoned building, on the streets, at a campground, in a park, or other)

None of the above describes my present living situation. Briefly describe: \_\_\_\_\_

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

- ☐ Natural disaster (tornado, storm, flood, hurricane, fire, etc)
- ☐ Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc,
- ☐ Military: parent deployed, injured or killed in action.
- ☐ Incarceration of parent/guardian
- ☐ Economic hardship: loss of job, loss of mortgage, etc
- ☐ High medical bills that leave little or no money for housing
- ☐ Lack of affordable housing in the area
- ☐ None of the above describe the main reasons for my present living. Briefly explain: \_\_\_\_\_

**Please provide the following information for school-age brothers and/or sisters of the student:**

| Name | Birth Date | Grade | EMS School |
|------|------------|-------|------------|
|      |            |       |            |
|      |            |       |            |
|      |            |       |            |
|      |            |       |            |

*I understand that 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. Texas Education Code Sec. 25.002(3)(d).*

**Signature of Person Completing Form** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

☐ I certify the above named student(s) qualifies for the Child Nutrition Program under the provisions of the McKinney Vento Act.

McKinney Vento Liaison Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ **DNQ**