



STUDENT RESIDENCY QUESTIONNAIRE

The McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), entitles all homeless school-aged children access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to the enrollment, attendance, and success of homeless students in school. To determine eligibility please complete this form. For additional information, please contact the Homeless Education Program at (213) 202-7581.

School: \_\_\_\_\_ Local District: \_\_\_\_\_
Student First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Male Female
Grade: \_\_\_\_\_ STUDENT DISTRICT ID NUMBER \_\_\_\_\_
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Is the student a teen parent? Is the student an unaccompanied youth? Is the student a runaway?
Yes No Yes No Yes No

Has the student transferred schools any time after completing the second year of High School? Yes No
If Yes, forward copy of SRQ to academic counselor for AB1806 eligibility.

CHECK THE ONE OPTION THAT BEST DESCRIBES YOUR NIGHT TIME RESIDENCE:

- In a shelter (name of shelter)
In a motel or hotel (name of motel/hotel)
In a transitional housing program (name of program)
In a car, trailer or campsite, temporarily due to inadequate housing
In a trailer/motor home on private property
In a garage due to loss of housing
Temporarily in another family's house or apartment due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster)
Temporarily with an adult that is not the parent/legal guardian due to loss of housing
Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain):



IF YOU CHECKED ANY OF THESE BOXES, PLEASE COMPLETE BOTH SIDES OF THIS FORM.

NONE OF THE ABOVE APPLY - NO FURTHER INFORMATION REQUIRED AT THIS TIME.
If your housing situation changes, please notify your child's school.

AFFIDAVIT

By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

Signature of Parent/Legal Guardian/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

UPON RECEIPT, FAX BOTH SIDES TO HOMELESS EDUCATION PROGRAM 213-580-6551
\*\*\*\*COMPLETE REVERSE SIDE\*\*\*\*