



THE DISTRICT

Student Residency Questionnaire

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Last First Middle Sex:  Male  Female

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade: \_\_\_ Student ID # \_\_\_\_\_
Month / Date / Year

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

- 1. Is your current address a temporary living arrangement? \_\_\_ Yes \_\_\_ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_ Yes \_\_\_ No

If you answered YES to the above questions, please complete the remainder of this form.

Where is the student presently living? (Check one box.)

- In a motel
 In a shelter
 With more than one family in a house or apartment (doubled up)
 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite (unsheltered)
 Unaccompanied youth living with friend or relative
 Foster Care (CPS Foster or Kinship placement)

Name of Parent(s) Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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. 25.00293)(d)

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

Please send a copy to Federal & State Programs at Central Office.
Fax: 435-9567 OR email Aaguirre4@yisd.net and JSaenz18@yisd.net

Official School Use

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_
Date

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



**THE DISTRICT**

**Homeless Services Provided**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Campus: \_\_\_\_\_

**School Supplies** (paper, pencils, book bags etc.):

\_\_\_\_\_

*Parents Signature they received the items:*

\_\_\_\_\_

**School Uniforms** (shirts, pants, shorts etc.):

\_\_\_\_\_

*Parents Signature they received the items:*

\_\_\_\_\_

**Clothing** (jackets, sweaters, underwear, shoes etc.):

\_\_\_\_\_

*Parents Signature they received the items:*

\_\_\_\_\_

Transportation:

\_\_\_\_\_

\_\_\_\_\_

Medical Services:

\_\_\_\_\_

\_\_\_\_\_

Dental Services:

\_\_\_\_\_

\_\_\_\_\_

Vision Services:

\_\_\_\_\_

\_\_\_\_\_

**District Staff Signature:**

\_\_\_\_\_

*All items purchased with Federal funds or campus funds were given to Parent/Guardian.*