

Student Night-Time Residency Questionnaire/Affidavit

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student Name: _____

Birthdate: _____ Grade: _____ Current School: _____

1. Do you and the student live in a fixed, regular, adequate, nighttime residence? YES ___NO ___

2. Do you and the student live in:

- shelter
- motel/hotel
- temporarily with another family in a house, mobile home, or apartment
- in a car or RV
- at a campsite
- transitional housing
- other location: _____

3. The student lives with:

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

4. I am:

- the parent/legal guardian of the above-named student
- a qualified relative of the above-named student (also complete Caregiver Affidavit) .
(Relationship to student: _____)

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: _____ Date: _____

Printed Name: _____

Residence: _____

Mailing Address: _____

Telephone: (____) _____ Cell Phone: (____) _____