

Escondido Union School District

STUDENT 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 and determine their eligibility for services. (Complete for all children from BIRTH to 18 years of age.)

Student(s) Name(s) 1. _____ 2. _____ 3. _____ 4. _____	Student(s) Date(s) of Birth 1. _____ 2. _____ 3. _____ 4. _____	Grade 1. _____ 2. _____ 3. _____ 4. _____	School 1. _____ 2. _____ 3. _____ 4. _____
Parent/Guardian Name	Parent/Guardian Phone (Day) Circle: Home/Work	Parent/Guardian Phone (Evening) Circle: Home/Work	
Parent/Guardian Address (mailing)	City	Zip	Emergency Phone
Parent/Guardian Address (physical)	City	Zip	

I am the parent/guardian of this student and we are now living:

in our own apartment, condo or house (with no other family)

or

- in an emergency shelter (name of program: _____)
- in a transitional shelter (name of program: _____)
- in a motel or hotel (name/address: _____)
- unsheltered (i.e.: cars, parks, garage, campgrounds)
- as foster youth awaiting placement (in an emergency placement as defined by the social worker – contact McKinney-Vento office for clarification)
- as abandoned youth or runaway youth (not in the legal custody of an adult)
- substandard housing *(describe: _____) *(i.e. no water, no electricity)
- with another family or friends on a **permanent** basis
- other (describe: _____)

with another family or friends **due to loss of housing or economic hardship**
 How long have you shared the residency at the same address with the same people? _____
 How many people total live in the home? _____ How many bedrooms? _____ How many bathrooms? _____
 Do you need to vacate this residence in the next 6 months? _____
 Owner/lessor/renter name: _____

I declare under penalty of perjury under the laws of California that the foregoing information is true and correct. I would be competent to testify thereto.

Signature of parent/guardian: _____ Date _____

Print your Name: _____

For School Office Use ONLY

**SEND THIS FORM TO THE MCKINNEY-VENTO RESOURCE CENTER AT LINCOLN ANNEX
 "Project SUCCESS"**

Received by: _____

Date: _____