School District Student Residency Questionnaire

Dear Parent or Guardian,

Your responses to these questions will help staff determine what residency documents are necessary to enroll your child. Thank you for your cooperation. 1. Student name: ______ Birth date: _____ Person completing form: Relationship to child: 2. In what type of setting is the child living now? Check one box below: Section A Section B In an emergency or transitional shelter None of the choices in **SECTION A apply** Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason In a motel, hotel, campsite, or car due to a lack of alternative, adequate accommodations In a car, park, public space, abandoned building, substandard housing, If you checked this section, you do bus or train stations, or similar settings not need to complete questions 3 through 6. Please sign and date the Other places not designed for, or ordinarily used as, regular sleeping form and turn it in. accommodations for human beings CONTINUE TO THE QUESTIONS BELOW if you checked a box in SECTION A 3. Contact number for person completing this form: Address where the child is now living: 4. The child lives with (Check all that apply): Parent or legal guardian Relative, friend or other adult Alone Other: 5. Name, Address & Phone Number of the school the child attended last: 6. Does the child have an IEP or a Chapter 15/504 agreement? Yes. Please explain:

Signature of Parent/Legal Guardian: Date: