



Student Residency Information

SCHOOL Data Entry:
Date: _____
Code: R _____ U _____
Initials: _____

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your student's teacher.** ¿Habla Ud. Español? Por favor doble este papel al otro lado para llenar este estudio.

How many other children/youth are in your household (even if not enrolled in school)? _____

Names of Students Enrolled in School (PK – grade 12) or Adult School (If needed, use an additional sheet of paper.)

1. Name of Student to be Enrolled:

_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth date	Grade	School

2. Other Children/Youth in Your Household (even if not enrolled in school):

_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth date	Grade	School

_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth date	Grade	School

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____
 Street City State Zip

Telephone: _____ Cell phone: _____ Work phone: _____

Length of time at this address: _____ Former Address: _____

Parent or Guardian Signature: _____

Place an "X" in the appropriate box to answer "Yes" or "No."

QUESTION	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel.			E
5. A child/youth in my home is waiting for foster care placement.			F
6. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian).			Y or N

If you answered "Yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.

	YES	NO
1. Have you moved to a new town to find work within the last 3 years?		
2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)?		
3. Is work in agriculture or fishing a major source of income for your family?		

***If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.**

- | | | |
|--|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Hurricane (H) |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire or Fire (W) |
| <input type="checkbox"/> Man-made Disaster (Major) (D) | <input type="checkbox"/> Natural Disaster-Earthquake (E) | |

Directions for school staff: For students with positive responses to questions 1-6, complete data entry in 3270 with 3 indicators, complete school data entry box to indicate data entry has been completed, make a copy of the form for your records, and then return surveys with any positive responses to: Homeless Liaison at

- Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O)