



Louisiana Student Residency Questionnaire Form

Date _____ District/Parish _____ School Name _____

Student Name _____ SS#/ID _____

Male/Female _____ Date of Birth _____ Address _____

Telephone Number _____ Last School Attended _____ Current Grade _____

Parent/Guardian/Adult Caring for Student _____ Relationship _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title X, Part C, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

- Is the student's address a temporary living arrangement? Yes No (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 8 and submit form to school personnel.)
- Is the temporary living arrangement due to loss of housing or economic hardship? Yes No
- Where is the student currently living? (Check all that apply)
 - Temporarily with another family because we cannot afford or find affordable housing.
 - With an adult that is not a parent or legal guardian, or alone without an adult.
 - In a hotel/motel.
 - In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
 - Emergency Housing (i.e. FEMA Trailer or Rental Assistance)
 - In an emergency/transitional shelter.
 - Other (Must provide specific information) _____
- Does your child have a disability or receive any special education services? (Check One) Yes No
- Does your child exhibit any behaviors that may interfere with his or her academic performance? Yes No
- Would you like assistance with uniforms student records school supplies transportation other? (Describe: _____)
- Have you moved in the past three (3) years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? Yes No
- Does your child have siblings? _____
- The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student _____ Signature _____ Date _____

(Area Code) Phone number _____ Street Address _____ City _____ State _____ Zip _____

School Use Only Free or Reduced Price Meals Form submitted/signed Referral Form completed/submitted

Homeless Liaison Use Only

Doubled-Up Hotel/Motel Unsheltered/FEMA Sheltered Doubled-Up/Unaccompanied Youth

Print School Contact _____ Title _____ Signature (required) _____ Date _____ (Revised 03/08)