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.

Student: ____________________________________________ (Male ___ Female___)

Birthdate: ___________________________ Grade: ____________

1. Do you and your student live in a fixed, regular, adequate nighttime residence? Yes___ No___
(If you circled “Yes”, stop here. You must provide a gas or electric bill in your name as proof of residence. If you circled “NO”, please continue with this form.)

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 adult relative of the above-named student
   (Relationship: ________________________________________________________)

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: _________________

Print Your Name: _______________________________________________________________

Residence: _________________________________________________________________

    Street                      City                      Zip

Mailing Address:

    Street                      City                      Zip

Telephone: (_____) _____________________ Cell Phone: (_____) _____________________

California Department of Education
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