



# 2018-2019 Student Residency Questionnaire

FEDERALLY REQUIRED FORM UPON ENROLLMENT FOR ALL STUDENTS (NEW AND RETURNING)

The State of Texas requires schools to collect data relating to the enrollment of students who may have special circumstances. This collection is done to allow schools the ability to monitor and provide services accordingly. This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The act ensures educational rights and protections for children and youth experiencing homelessness. The answers you provide will help the school district determine the services the family may be eligible to receive.

Student's Name: \_\_\_\_\_ Gender:  Male  Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birdville ISD Student ID# \_\_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ Previous District/School Attended: \_\_\_\_\_

Name of person with whom student resides: \_\_\_\_\_

The student lives with: Parent \_\_\_ Legal Guardian \_\_\_ Caregiver, not legal guardian \_\_\_ Other \_\_\_\_\_

Check if the student is on his/her own; no parents or legal guardians are involved with this student (Unaccompanied Youth)

Current Address: \_\_\_\_\_

Phone Number (required) \_\_\_\_\_

How long has the student lived at this address? \_\_\_\_\_

1. Is the above address a temporary living arrangement?  YES  NO

2. Is your current living arrangement due to loss of housing or economic hardship?  YES  NO

Which of the following best describes the student(s) current temporary living arrangement (check one)?

In a **Home or Apartment** with a lease, mortgage, or rental agreement in parent or guardian's name

**IF YOU CHECKED THIS BOX, PLEASE STOP HERE**

**Staying with another person/family** due to loss of housing: (financial hardship, divorce, domestic violence, fire, flood, etc.)

In a **Hotel or Motel** due to loss of housing (financial hardship, flood, fire, not able to make deposits for permanent housing, etc.) Motel Name: \_\_\_\_\_ Room # \_\_\_\_\_

In a **Shelter** due to loss of housing (financial hardship, domestic violence or run away)

In **Transitional Housing** (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization or another organization)

In an **Unsheltered** location (car, van, tent, abandoned building, on the streets, at a campground, in a park, or other)

Please provide the following information for school-age brothers and/or sisters of the student:

Name	Birth Date	Grade	BISD School

I understand that presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. Texas Education Code Sec. 25.002(3)(d).

Signature of Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_

I certify the above named student(s) qualifies for the Child Nutrition Program under the provisions of the McKinney Vento Act.

\_\_\_\_\_  
McKinney Vento Liaison Signature

\_\_\_\_\_  
Date

DNQ

