



2020-2021 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: M F Birdville ISD Student ID# _____

Birth Date: _____ Age: _____ Texas Unique 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 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 |
|------|------------|-------|-------------|
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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

