



2024-2025 Student Residency Questionnaire

Student Name	Student ID	M/F	Grade	DOB	School

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

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.

Living Arrangements

1. Is the student's current address a temporary living arrangement? ☐ Yes ☐ No
2. If Yes, Is this a temporary living arrangement due to loss of housing, economic hardship, financial difficulties or any other emergency circumstance? ☐ Yes ☐ No

If you answered "YES" to **BOTH** questions, please complete the rest of this form. If not, please **STOP HERE**.

Family Information - Please note that ALL sections must be completed.

Name of Legal Guardian(s)/Parent(s):	Phone:
Current Student Nighttime Address:	City:
How long have you currently been living at this address?	Zip Code:

Please list any school age students living in the same household that you are enrolling, or are currently enrolled, in BISD Schools.

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Temporary Living Situation Information - Please note this section must be completed.

Check only the ONE box that best describes your living situation:

- ☐ We are temporarily **staying with another person or family** due to loss of housing, economic hardship, financial difficulties or any other emergency circumstance.
- ☐ In a **Hotel or Motel** due to loss of housing. **Motel Name:** _____ **Room #** _____
- ☐ In a **Shelter** due to loss of housing
- ☐ In **Transitional Housing** (Housing that is referred by a program or agency and is available for a specific length of time only. Housing is partly or completely paid for by a church, program, or agency).
- ☐ In an **Unsheltered location** (car, van, tent, abandoned building, on the streets, at a campground, in a park or other)

Signature Section – This section must be completed.

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}.

Name of Person Completing form (please type or print):	
Signature of Person Completing Form:	Date:
Relationship to Student:	

McKinney Vento Office use only below:

<input type="checkbox"/> I certify that the above-named students(s) qualifies for the Child Nutrition Program under the provisions of the McKinney Vento Act.	
_____	_____
McKinney Vento Liaison Signature	Date
<input type="checkbox"/> DNQ Reason: _____	