

## 2021-2022 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:	Gen	der: M F	Birdville IS	D Student ID#	
Birth Date:	Age:	Теха	s Unique ID	)#	
Campus:	Grade:	Grade: Previous District/School Attended:			
Name of person with whom student re	esides:				
The student lives with: ParentLeg	al GuardianCaregi	ver, not legal guard	ianOth	er	
Check if the student is on his/her	own; no parents or legal gu	uardians are involved v	with this stude	ent (Unaccompanied	Youth)
Current Address:					
Phone Number (required)					
How long has the student lived at this	address?				
Which of the following best describes	the student(s) current	iving arrangement (	check one)?		
In a <b>Home or Apartment</b> IF YOU CHECKED THIS BOX,	= =	or rental agreement	in parent o	guardian's name	
Staying with another per	son/family due to loss o	of housing: (financial	hardship, di	vorce, domestic vio	olence, fire, flood, etc.)
In a <u>Hotel or Motel</u> due to etc.) Motel Name:	o loss of housing ( <i>financi</i>	ial hardship, flood, f	ire, not able		
In a <u>Shelter</u> due to loss of				vay)	
	zation or another organing (car, van, tent, abando ve a temporary living arrent living arrangemen	ization) oned building, on the crangement? t due to loss of hou	estreets, at a	n campground, in a NO omic hardship?	
Name		Birth Date	Grade	BISD School	
I understand that presenting a false record or fa subjects the person to liability for tuition or oth			al code, and en	l rollment of the child und	der false documents
Signature of Person Completing Form				Date	
Relationship to Student					
☐ I certify the above named student(s	s) qualifies for the Child	Nutrition Program u	nder the pro	visions of the McKi	inney Vento Act.
McKinney Vento Liaison Signature		_	C	Pate	DNQ