

STUDENT RESIDENCY QUESTIONNAIRE

Katy ISD Campus Name: _____

PLEASE COMPLETE (1) ONE FORM FOR EACH STUDENT BEING ENROLLED

Student Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: _____ (mm/dd/yyyy)
	Social Security #:
Current Address: (Include City, State, and Zip)	Telephone #:
Previous Address: (Include City, State, and Zip)	County: Cell Phone #:
Last School Attended:	Last Date Attended: Grade Level:
Name of person with whom student resides:	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (granted only by a court) <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Caregiver (Examples: friends, relatives, etc.)
Signature:	Date:

Presenting a false record of falsifying information for enrollment purposes is an offense under Section 37.10, Penal Code. Enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC 25.002(3)(d).

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42 U.S.C. 11435). The answers to this residency information help determine the services the student may be eligible to receive.

1. Is the student's current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing, economic hardship, or other _____? Yes No

If you answered YES to both of the above questions, please complete the remaining portion of this form.

If you answered NO, to either question 1 or 2, skip questions 3, 4, and 5.

3. Where is the student presently living? (Please check one box)
- In a hotel/motel
- In a shelter
- In the home of a friend/relative due to loss of housing (examples: fire, flood, lost job, divorce, eviction, etc.)
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- Moving from place to place due to loss of housing (examples: fire, flood, lost job, divorce, eviction, etc.)
4. Natural Disaster Relief Student Yes No
- Tornado, storm, flood, etc.
- Hurricane, Name: _____
- Fire: prairie, forest, grass, lightning strike, etc.
5. Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

DISTRICT USE ONLY

<input type="checkbox"/> Student qualifies as homeless.	<input type="checkbox"/> Student does NOT qualify as homeless.
Signature of Homeless Liaison:	Date:
Comments:	

Copying/Filing Instructions:

Copy to: Parent at Registration

Original: If "No" is the response to question 1 and/or 2 – ADA/Registrar

Original: If "Yes" is the response to questions 1 and 2, scan via email to the District Homeless Liaison. The attendance clerk/registrar should keep the original in a separate folder along with the signed copy returned by the District Homeless Liaison. **DO NOT file SRQs in PR folders.**