

Katy Independent School District
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/yy)
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:
Names of Parent/Guardian (Please Print)			
Signature of Parent/Guardian:			Date:

Presenting a false record or 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 question 3.

3. Where is the student presently living? (Please check one box)
 - In a motel
 - In a shelter
 - With more than one family in a house or apartment
 - Moving from place to place
 - In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Please complete only if you are a Disaster Relief student _____ ***Type of Disaster***

Student Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: _____ (mm/dd/yy)
Social Security #:			
Current Address: (Include City, State, and Zip)			Telephone #
Previous Address : (Include City, State, and Zip)	County or Parish:		Cell Phone #:
Previous School (Before Disaster):	Grade Level:		School Telephone #:
Most Recent School Attended:	<input type="checkbox"/> Same as previous		
Last Date Attended:			
Names of Parent/Guardian (Please Print)			
Signature of Parent/Guardian:			Date:

SCHOOL USE ONLY

Homeless Liaison determination of student:

- Student and parent live with another family - not homeless Student qualifies as homeless under the McKinney Act

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 **both** questions – Send **original** to District Homeless Liaison (may be faxed but follow up by sending original; retain a copy)

File **original** in PR folder when returned from the District Homeless Liaison; **Copy returned original to:** Campus At-Risk Coordinator

Revised: 03-30-2007