

STUDENT RESIDENCY QUESTIONNAIRE

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

Student Name:	Student ID #:	Birth Date: / /	Age:
Current Address: (Include City, State, and Zip)		Email:	KATY ISD Campus:
How long has the student been at their current address? _____ # years _____ # months _____ # weeks _____ # days			
Previous Address: (Include City, State, and Zip)		Telephone #:	Cell Phone #:
Last School Attended/School District:		Last Date Attended:	Current Grade Level:
Name of person with whom student resides:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Legal Guardian (granted only by a court) <input type="checkbox"/> Mother <input type="checkbox"/> Caregiver (Examples: friends, relatives, etc.) <input type="checkbox"/> Father <input type="checkbox"/> Unaccompanied Youth		
Signature of Parent/Guardian/Unaccompanied Youth/Caregiver:			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. Does the student live in a place that is owned or rented by a parent or legal guardian? Yes No

If you answered YES to #1, skip the remainder of the form. If you answered NO to # 1, please complete questions 2-5.

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

Please explain the reason for loss of housing: (examples: fire, flood, lost job, eviction, natural disaster, etc.) _____

3. Were you displaced from your home due to a Natural Disaster? Yes No

Hurricane (Name): _____ Other: _____

4. Where is the student presently living? (Please check all that apply)

In a hotel/motel Name of hotel/motel: _____

In a shelter or other transitional housing Name of shelter or organization: _____

In the home of a friend/relative due to loss of housing (doubled- up)

Name and relationship of person residing with _____

In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Please specify: _____

5. Are there any other siblings in the home enrolled in school? Yes No

Please provide the following information for siblings 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.
Homeless Liaison Signature:	Date:
Comments:	