

MANTECA UNIFIED SCHOOL DISTRICT

Student Residency Questionnaire 2020-2021 School Year

THIS FORM MUST BE COMPLETED AT THE BEGINNING OF EVERY SCHOOL YEAR by all parents/guardians and/or unaccompanied youth. The information provided on this form can assist with identifying students who qualify for services under the Federal McKinney-Vento Act. The answers provided will help determine the services your child may be eligible to receive as defined on the reverse side of this questionnaire.

ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL

School: _____ Date: _____

Student Name: _____ Birth Date: _____ Grade: _____

Current Address: _____ Phone Number: _____

How long have you been at this location? _____ Cellphone Number _____

Does this student have a disability or receive any special education services? YES NO

Is this student in foster placement? YES NO

PLEASE LIST ALL OF THE PRESCHOOL AND SCHOOL-AGED CHILDREN LIVING IN YOUR HOME:

Name: _____ Birth Date: _____ School: _____

Name: _____ Birth Date: _____ School: _____

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Name: _____ Birth Date: _____ School: _____

Name: _____ Birth Date: _____ School: _____

PLEASE CHECK THE BOX BELOW THAT BEST DESCRIBES YOUR CURRENT LIVING SITUATION

- Rent/own apartment or home
- Sharing the housing of other persons due to (please check one)
 - ___ Loss of housing, economic hardship or a similar reason such as evicted from home
 - ___ Long-term living arrangement
 - ___ Other, please explain: _____

- Loss of housing due to natural disaster such as fire, earthquake, hurricane or flooding
- In a motel, hotel, campground or similar setting
- In emergency or transitional shelters such as domestic violence or homeless shelters or in transitional housing
- Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation
- In cars, parks, public spaces, abandoned buildings, substandard housing or similar settings
- With an adult that is not a parent or legal guardian, or alone without an adult.
- Other-please explain: _____

Warning: Do not sign this form if any of the statements are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both. (Obtained from Caregiver's Authorization Affidavit (Affidavit authorized by Part 1.5 {Section 6550} of Division 11 of the California Family Code) in "Enrolling Students Living in Homeless Situations" CDE, Sacramento, 1999). I HAVE ALSO READ THE REVERSE SIDE OF THIS DOCUMENT.

Parent/Guardian/Unaccompanied Youth Signature

Date

One form per student is required. Please, within one week, return the completed form to the office where your child attends school.