

STUDENT RESIDENCY QUESTIONNAIRE

Information provided on this form is confidential.



School: _____ Grade: _____ Date: _____

Student Name: _____ Birth date: _____

Current Address: _____ City: _____ Zip: _____

Is this a change of address from last school year? Yes _____ No _____

Please list all of your preschool and school-aged children currently living with you: (continue on back if more space is needed)

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

What is your current living situation? *(Based on your situation, your child may be eligible for additional services)*

I own or rent a home/apartment/mobile home. If you checked this line, **STOP** here. You do not need to answer any additional questions. **If you did not check this line proceed to the next section and select the line that best describes your living arrangement/situation.**

Are you sharing housing with other persons due to: (check only one below)

Long-term, cooperative living arrangement to save money or a similar reason.

Loss of housing due to eviction, foreclosure, or other economic hardship such as recent job loss.

Explain: _____

Are living in a motel, hotel, campground or similar setting due to: (check one)

It being a convenient living arrangement, or waiting for apartment or house to be ready

Lack of alternative adequate accommodations

Are you staying in an emergency or transitional shelter? (domestic violence/ homeless/transitional housing)

Is your primary nighttime residence a place that is not designed for or ordinarily used as a regular sleeping accommodation for humans?

Are you living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting?

How long do you anticipate living at this location? _____ (a week/month/year?)

Current Address: _____ **Phone Number:** _____

Date: _____

Parent/Guardian/Unaccompanied Youth Signature
