STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

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This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student:		_ (Male	_ Female)
Birthdate:	_Grade:		

- 1. Do you and the student live in:
 - □ shelter
 - □ motel/hotel
 - temporarily with another family in a house, mobile home, or apartment
 - □ in a car or RV
 - 🗆 at a campsite
 - transitional housing
 - other location _____

2. The student lives with:

- $\hfill\square$ one parent
- \square two parents
- a qualified relative
- \Box friend(s)
- $\hfill\square$ an adult that is not the legal guardian
- alone with no adult(s)
- 3. I am:
 - the parent/legal guardian of the above-named student
 - a qualified adult relative of the above-named student (Relationship: ______

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

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Signature:	Date:	
Print Your Name:		
Residence:		
Street	City	Zip
Mailing Address:		
Street	City	Zip
Telephone: ()	Cell Phone: ()	

California Department of Education