

Residency Questionnaire

2011/ 2012
Rev. 8/1/11

Falsifying records is an offense under section 37.10 penal code and subjects the individual to liability for tuition/other costs.

This form must be completed for each student as federally required to help determine services the student may be eligible to receive. *The information you provide is confidential.* Your child will not be discriminated against based upon the information provided. **Instructions:** Complete the following sections and return to the student's homeroom teacher.

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Student: First Name	Middle Name	Last Name	Date of Birth	Race	Gender	

Current street address (Note: PO Box is not acceptable as residency)	City	Zip Code
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Date of enrollment	Grade	School	Homeroom Teacher	

(✓) Check only one for current living arrangement

- Permanent Housing** Student is living in a fixed, regular and adequate housing situation.
- Doubled-up** Student is living with another family or other person because of recent loss of housing or as a result of economic hardship.
- Hotel/Motel**
- Shelter** Student is living in an emergency **or** transitional shelter.
- Migrant Camp**
- Other Temporary Living Situation** Student is living in a car, van, campground, park, street or other public place, an abandoned building or any other inadequate living space.
- Awaiting Foster Care Placement**
- Unaccompanied Youth** Student is not in the physical custody of a parent or guardian.

(✓) Check only one for length of time in current living arrangement as noted above.

3 months or fewer 4 – 12 months 1 year or more

(✓) Check if student is currently covered by health insurance. Yes No

(✓) Check if you would like to receive information about health insurance. Yes No

If the student does *not* live in permanent housing at time of enrollment, please complete this section about siblings. Use back of page if more space is needed. _____ Number of siblings, *younger* than school-age

Name of sibling(s)	Name of school(s) attending	Age	Date of Birth

Print name of parent/guardian	Signature of parent/guardian	Best contact #	Date
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This section to be completed by student support personnel. Initials _____

Received	Confirmed	To C.O.	NCW#
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