



Bethel Public Schools
516 176th St E
Spanaway, WA 98387
(253) 683-6000

Student Residency Affidavit Form

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

1. Where are you and your family currently staying?

<p>Section A (Check one box)</p> <input type="checkbox"/> Rent/own my own home <input type="checkbox"/> Have a fixed, regular, and adequate nighttime residence <p>STOP: If you checked the above, sign under item 6 and submit form to school personnel.</p>	
<p>Section B</p> <input type="checkbox"/> Temporarily with another family due to the loss of housing, economic hardship or similar reason. <i>How long have you lived at present address? _____</i> <i>How long are you planning to live at present address? _____</i> <i>Do you have plans to look for permanent housing in Bethel S.D.? _____</i> <i>Do you have plans to look for permanent housing in the area of your child's school of origin? _____</i> <input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult. <input type="checkbox"/> In a hotel/motel. <input type="checkbox"/> In a vehicle of any kind, trailer park or campground, abandoned building or substandard housing. <input type="checkbox"/> In an emergency/transitional shelter. <input type="checkbox"/> Awaiting Foster Care placement <input type="checkbox"/> Other _____	<p><u>Ethnicity:</u></p> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other

2. If you checked a box in section B, your child/children may be eligible for additional educational services through Title X, Part C – Federal McKinney-Vento Assistance Act.

Student(s) Name	M/F	D.O.B.	(Optional) Ethnicity	Grade	School Name
First Last					

3. Do you have preschool age children?

Student(s) Name	M/F	D.O.B.	(Optional) Ethnicity	Age	School Name
First Last					

4. A. What school did your student attend when permanently housed? _____

- B. What school District was that school in? _____
- C. How long did your student go to that school? _____
5. A. Has your child been in any special programs? _____
- B. Does your student have a current Individual Educational Plan (I.E.P.)? _____
6. Do you have any safety concerns for your student or family? _____

I understand that false information provided by us may subject us to legal penalties for perjury. I certify that the information provided here is true and correct. I also understand that the school district may seek to verify that this is a true statement and if not, the student will be removed from Bethel School District to enroll in their resident district.

Parent/Guardian Name/Adult Caring for Student	Signature	Date
Street Address	City	State
	Zip	(Area Code) Phone number

This will be reviewed at 90-day intervals

Date: _____ Counselor/Social Worker Signature: _____

Comments: _____

SCHOOL DISTRICT USE ONLY

_____ Student **covered** by McKinney-Vento Act

_____ Student **not** covered by McKinney-Vento Act

_____ Follow-up Required

<input type="checkbox"/> Free Meals <input type="checkbox"/> Form Completed/submitted <input type="checkbox"/> Database completed	<input type="checkbox"/> Transportation <input type="checkbox"/> Regular neighborhood route <input type="checkbox"/> District transportation <input type="checkbox"/> Bus Pass <input type="checkbox"/> Gas Card
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Liaison Signature: _____ Date: _____