School District
Student Residency Questionnaire

Dear Parent or Guardian,

Your responses to these questions will help staff determine what residency documents are necessary to enroll your child. Thank you for your cooperation.

1. Student name: ________________________________ Birth date: ________________________________
   Person completing form: ________________________ Relationship to child: ________________________

2. In what type of setting is the child living now? Check one box below:

<table>
<thead>
<tr>
<th>Section A</th>
<th>Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ In an emergency or transitional shelter</td>
<td>□ None of the choices in SECTION A apply</td>
</tr>
<tr>
<td>□ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</td>
<td></td>
</tr>
<tr>
<td>□ In a motel, hotel, campsite, or car due to a lack of alternative, adequate accommodations</td>
<td></td>
</tr>
<tr>
<td>□ In a car, park, public space, abandoned building, substandard housing, bus or train stations, or similar settings</td>
<td></td>
</tr>
<tr>
<td>□ Other places not designed for, or ordinarily used as, regular sleeping accommodations for human beings</td>
<td></td>
</tr>
<tr>
<td><strong>CONTINUE TO THE QUESTIONS BELOW if you checked a box in SECTION A</strong></td>
<td></td>
</tr>
</tbody>
</table>

3. Contact number for person completing this form: ________________________________
   Address where the child is now living: ________________________________

4. The child lives with (Check all that apply):
   □ Parent or legal guardian
   □ Relative, friend or other adult
   □ Alone
   □ Other: ____________________________________________

5. Name, Address & Phone Number of the school the child attended last: ________________________________

6. Does the child have an IEP or a Chapter 15/504 agreement?
   □ No.
   □ Yes. Please explain: ________________________________

Signature of Parent/Legal Guardian: ________________________________ Date: __________________