

**Laurel Springs School
Student Residency Questionnaire**

Student's Name: _____
Last name First name

Date of Birth: ____/____/____ Age: ____ Male Female

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No

2. Is this a temporary living arrangement due to the loss of housing or economic hardship?
 Yes No

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, you may stop here.

Where is the student presently living? (Check only one box)

- 1= Shelters, transitional housing, awaiting foster care
- 2= Doubled up; sharing the housing of other persons due to economic hardship, loss of housing, or other reasons (such as domestic violence)
- 3= Unsheltered; includes cars, parks, campgrounds, temporary trailers including FEMA trailers or abandoned buildings
- 4= Hotel or Motel

I certify that the information provided here is true and correct. I understand that falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition and/or other costs TEC Sec 25.002(3)(d).

Signature of Parent/Legal Guardian Date: ____/____/____

District Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Signature of McKinney-Vento Liaison Date: ____/____/____