

# Sunnyvale Independent School District Student Residency Questionnaire

The information on this form is required by the McKinney-Vento Act 42 U.S.C. which is part of the No Child Left Behind Act. The answers you provide will help the school determine the services the student may be eligible to receive.

Presenting a false record or 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 or other costs. (TEC Sec. 25.022(3)(d))

Name of Student \_\_\_\_\_ Gender:  Male  
Last First Middle  Female

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_ Student ID \_\_\_\_\_

1. Is your current address a temporary living arrangement?  Yes  No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  
 Yes  No

**If you answered YES to the above questions, please complete the remainder of the form.  
If you answered NO, please stop here.**

Where is the student presently living?

- In the home of a friend/relative due to loss of housing (loss of housing, economic hardship)
- Shelter (family shelter, domestic violence shelter, children/youth shelter)
- Motel (loss of housing, do not have 'fixed' nighttime residence)
- Unsheltered (car, tent, van, abandoned building, on the street, campground, in the park)
- Other – please describe \_\_\_\_\_

The student lives with:

- Parent(s)  Legal Guardian(s)
- Adult/relative who is not a legal guardian  Alone with no adult(s)

I am:

- The parent/legal guardian of this student  The student (Unaccompanied Youth)
- A qualified adult/relative of this student

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **For office use only**

Please send completed forms to Christi Morgan, Director of Student Services.

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

Campus Homeless Liaison \_\_\_\_\_ Date: \_\_\_\_\_  
Signature