## STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student:		(M/F)
Birthdate:	_ Grade:	
(If you circled "Yes", stop here	e in a fixed, regular, adequate nightt e. You must provide a gas or electri please continue with this form.)	
<ul><li>□ in a car or RV</li><li>□ at a campsite</li><li>□ transitional housing</li></ul>	in: ther family in a house, mobile home	·
3. The student lives with:  □ one parent □ two parents □ a qualified relative □ friend(s) □ an adult that is not th □ alone with no adult(s		
□ a qualified adult relat	rdian of the above-named student tive of the above-named student	
	perjury under the laws of this s correct and of my own persona	
Signature:		Date:
Print Your Name:		_
Residence:		
Street	City	Zip
Mailing Address:		
Street	City	Zip
Telephone #: ( )	Cell Phone #: (	)