Student Residency Form

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student stay at night?

_____ in a shelter

_____ in another location that is not appropriate for people (e.g., an abandoned building)

_____ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)

_____ in a motel/hotel

_____ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

_____ in a car

_____ at a campground

Name of school: _____________________________________________

Name of student: ___________________________________________ Student's date of birth: ____________

I, (name) __________________________________________________________________________________________

declare as follows:

I am the parent/legal guardian of (name of student) _____________________________________________

who is of school age and is seeking enrollment in (name of school district) _______________________

________________________________________

Since (date) __________________, our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: _____________________________________________

Signature: ___________________________ Date: ____________

Address: __________________________________________________________________________________

Phone number: ___________________ E-mail address: __________________________

I can be reached for emergencies at: ________________________________________________

Adapted from materials from the California Department of Education and the San Antonio Independent School District. As with any legal document, the local educational agency’s legal counsel should be consulted.
Family in Transition Identification Form

Child’s Legal Name: ___________________________
Birth Date: ____/____/_____ Male Female Race

Parent/Guardian: ______________________________

Current (temporary) Address: ________________________

Phone: ______________ Work #: ______________________

Special Ed: Yes No

Relation to child: ( ) Parent ( ) Guardian ( ) Friend ( ) Relative

District of Residency: ____________________________

Last (*permanent) Address: ____________________________

*Did you Own or Rent? I had a lease agreement
I owned the property

Previous School History:
District Name: ______________________________________
School Name: _______________________________________

Liaison: ____________________________
Start Date: ____/____/____
Exit Date: ____/____/____

Parent Consultation:

I, the parent/guardian understand that the district of residence will make the decision for placement based upon the best interests of the child after consulting with me. If I disagree with that decision, I know that I may appeal to the County Superintendent of Schools. It is my wish that my child:

( ) Return to his/her previous school
( ) Attend the school where we are now living
( ) Other______________________________________

( ) Transportation needed Yes No

I am the legally approved parent/guardian and I am authorized to sign this document.

_________________________ Signature __________________________ Date
PALMYRA SCHOOL DISTRICT
DETERMINATION OF HOMELESS STATUS

Name of Student: ___________________________ 

Address: ___________________________________________  
____________________________________________________  

Last School Attended: ____________________________________  

Name(s), age and school attended by sibling(s): No siblings, check here: □  

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Parent/Guardian Name: ____________________________________  

Phone:  ___________________________  Office: ___________________________  
Cell:   ___________________________  E-mail: ___________________________  

What are your current living accommodations? ___________________________ 

____________________________________________________________________________  

Are these accommodations temporary? ___________________________  

Are these accommodations necessary as there are no other financial options for regular housing? Yes ____ No ____  

Are you receiving social service assistance to support your residency? Yes ____ No ____  

If the family answered "yes" to the two previous questions, is the family homeless? Yes ____ No ____  

What was your last address when the child(ren) attended school?  

____________________________________________________________________________  

What were the living accommodations at that time? ___________________________  

Was the family considered homeless at that time? Yes ____ No ____  

Are you waiting for a house to be built? Yes ____ No ____  
Where is it and when will it be ready?  

____________________________________________________________________________
Prior addresses (other than stated above) the family lived where the child(ren) attended school. If the family was considered homeless in any of these places, please place a check next to that address.

Address
City/State
Homeless

Address
City/State
Homeless

Address
City/State
Homeless

Would you prefer your child(ren) to attend school in Palmyra or the last district of residence?

Are there plans for a change of accommodations?

I certify that the above information is true and to the best of my knowledge.

______________________________
Signature of Parent/Guardian

Sworn to and subscribed before me on this _______ day of ____________________, 20______.

_________________________________________, my commission expires ____________________.

(Notary Seal above)