Date	LEA/Parish		School Name			
Student Name	Student Date of Birth		Student Gender			
Street Address	City		State			
Zip	Primary Contact Number		Secondary Contact Number			
Email Address						
Student's Last School Attended		Current Grade				
		,				
Name of Parent/Guardian/Adult caring for Student		Relationship to Student				

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, skip to the signature and submit form to school personnel.)

Yes

No

Is the temporary living arrangement due to loss of housing or economic hardship?
Yes
No
Does the student have a disability or receive any special education-related services? (Check one
Yes
No
Where is the student currently living? (Check all that apply.)
In an emergency/transitional shelter.
Temporarily with another family because we cannot afford or find affordable housing.
With an adult that is not a parent or legal guardian, or alone without an adult.
In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
Other Specific Information
Does the student exhibit any behaviors that may interfere with his or her academic performance
Yes
No

	like assistance with on, other? (Describe)	uniforms, student records):	s, school supplies,
•	~	during the past three (3) youltry processing, dairy,	vears to seek temporary or nursery, and timber) or
Yes			
No			
Does the student hav Siblings field if need		or sisters)? List sibling(s)) below and use the Additional
Yes			
No			
Sibling Name	School	Grade	Date of Birth
Sibling Name	School	Grade	Date of Birth
Sibling Name	School	Grade	Date of Birth
Sibling Name	School	Grade	Date of Birth

Additional Siblings				
Type your name in the	he box below to certif	fy that the informati	on provided above	is accurate.

NEXT: UPLOAD THIS FORM TO YOUR EARLY CHILDHOOD APPLICATION IN THE LA RESIDENCY QUESTIONNAIRE UPLOAD FIELD.

Tip: Take screenshots of this completed form and upload the screenshots to the LA Residency Questionnaire upload field in the application.