

NISD Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give 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. 25.002(3)(d).

Name of School: _____

Name of Student: _____ Gender: Male Female
Last First Middle

Birth Date: ____/____/____ Grade: _____ Student ID #: _____

Check the box that best describes with whom the student resides. (*Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.*)

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) *Please specify relation:* _____
- Other _____

Name of person with whom student resides: _____

Address: _____

City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Last District Attended: _____ Last School Attended: _____

1. Is your current address a temporary or sub-standard living arrangement? _____ Yes _____ No
2. Is this temporary or sub-standard living arrangement due to loss of housing or economic hardship? _____ Yes _____ No
3. Is your current living condition in sub-standard condition? _____ Yes _____ No
 - My home has no electricity
 - My home has no running water

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

Please check only one box that best describes where the student is presently living:

- In the home of a friend or relative because I lost my housing *(PEIMS Code 2)*
- In a shelter because I do not have permanent housing *(PEIMS Code 1)*
- In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization) *(PEIMS Code 1)*
- In a hotel or motel *(PEIMS Code 4)*
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location *(PEIMS Code 3)*
- None of the above describe my present living situation **Briefly describe your situation:** _____

Please provide the following information for school-age siblings of the student:

Name	Grade Level	School	District

Signature (Please specify relation below)

Parent

Legal Guardian

Caregiver

Unaccompanied Student

Date

Office Use Only:

Referred By:

(Counselor, Principal, A/P): PLEASE PRINT NAME: _____

Migrant LEP

Does your student require services from the following: (Please Circle)

SPED

Tutoring

Supplies/Backpack

OTHER: _____

Signature: _____

Contact #: _____

Date: _____

Please send a copy to Cindy Brown at the NISD Administrative Offices.

Fax: 817-215-0051

For Student Services use only: Date Received by Student Services: _____

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

Date

District Homeless Liaison Signature