

Louisiana Student Residency Questionnaire Form

Louisiana School District _____ School _____

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Where are you and your family currently staying? Check one box.

Section A <input type="checkbox"/> Rent/own my own home. STOP: If you rent/own your own home, sign under item 5 and submit form to school personnel.	
Section B <input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing. <input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult. <input type="checkbox"/> In a hotel/motel. <input type="checkbox"/> In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing. <input type="checkbox"/> In an emergency/transitional shelter. <input type="checkbox"/> Other CONTINUE: If you checked a box in Section B, complete the remainder of this form.	For School Use Only: <input type="checkbox"/> Doubled-Up <input type="checkbox"/> Doubled-Up/ Unaccompanied Youth <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Unsheltered <input type="checkbox"/> Sheltered <input type="checkbox"/> Unknown

2. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check One) Yes No

3. If you checked a box in Section B, your child/children may be eligible for additional educational services through Title I, Part A, Title I Part C-Migrant, or Title X, Part C- Federal McKinney-Vento Assistance Act.

Student(s) Name		S.S.#	M/F	D.O.B.	Grade	School Name
First	Last					

4. Would you like to be contacted by a member of the school system's Education for Homeless Children and Youth program staff? Yes No

5. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student _____ Signature _____ Date _____

(Area Code) Phone number _____ Street Address _____ City _____ State _____ Zip _____

School Use Only

- Free or Reduced Price Meals Form submitted/signed
- Referral Form completed/submitted

Print School Contact _____ Title _____ Signature (required) _____ Date _____ (Revised 4/06)