

STUDENT RESIDENCY 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: _____ (Male ____ Female____)

Birthdate: _____ Grade: _____

1. Do you and your student live in a fixed, regular, adequate nighttime residence?

Yes ____ *No* ____ (If you circled "Yes", stop here. You must provide a gas/electric bill in your name as proof of residence. If you circled "NO", please continue with this form.)

2. Do you and the student live in:

- temporarily doubled up (sharing housing with another family in a house, mobile home, or apartment)
- temporary shelters (transitional housing)
- motel/hotel
- temporarily unsheltered (car/RV/campsite)
- foster family home or kinship placement
- other location _____

3. How long do you anticipate living at this location? _____

4. The student lives with:

- one parent
- two parents
- a legal guardian
- friend(s)
- alone with no adult(s)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____
Street City Zip

Mailing Address: _____
Street City Zip

Phone number where you can be reached: (____) _____