

CASTAIC UNION SCHOOL DISTRICT STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine the documents necessary to enroll your child quickly.

Student's Name: _____ (Male ___ Female ___)

Grade: _____ Birth Date: _____ School: _____

1. Do you and your student live in a fixed, regular, adequate nighttime residence? Yes ___ No ___
(If you checked "Yes", stop here; if you checked "No", please continue with this form.)

2. Presently, are you and your family living in any of the following situations? (Please check all that apply)

- Staying in a temporary shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- Temporarily sharing the housing *of* others due to loss of housing, economic hardship or similar reason
- Temporarily sharing housing *with* others due to loss of housing, economic hardship or similar reason
- Temporarily unsheltered living in a car, park, campground, abandoned building or other inadequate accommodations

3. The student lives with:

- a relative (legal caregiver/guardian)
- a friend(s) (legal caregiver/guardian)
- an adult that is not the legal guardian
- alone and/or with no adult(s)
- a foster family

4. I am:

- the parent/legal guardian of the above-named student
- a qualified adult relative of the above-named student
(Relationship: _____)
- a foster parent

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

Signature: _____ Printed Name: _____ Date: _____

Residence Address _____

Mailing Address: _____

Telephone: (____) _____ Alternate Phone: (____) _____

For Office Use Only

Principal or Designee/Parent Meeting:	_____	_____	_____
	Date	Principal's Signature	
Site staff assisting with this process:	_____	_____	_____
	Name	Signature	Date
CUSD Homeless Liaison:	_____	_____	_____
	Name	Signature	Date