

2017 – 2018 Pearsall ISD Student Residency Questionnaire

PLEASE COMPLETE (1) ONE FORM FOR EACH STUDENT BEING ENROLLED

Name of Student:		Grade:
Current Address: (include City, State, and Zip)		Telephone #: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> No phone
Previous Address: (include City, State, and Zip)		County:
Last School Attended: <input type="checkbox"/> Ted Flores Elementary <input type="checkbox"/> Pearsall Intermediate <input type="checkbox"/> Pearsall Jr. High <input type="checkbox"/> Pearsall High School Other: _____		Last Date Attended: <input type="checkbox"/> May 2017 Other: _____
Name of Person with whom student resides:	<input type="checkbox"/> Student lives with one parent or both parents every day of the school year. [C192=3] <input type="checkbox"/> Student lives with a legal guardian (appointed by a court) every day of the school year. [C192=3] <input type="checkbox"/> Student is under 21 on September 1 of the 2016-2017 school year and does not live with a parent or legal guardian. [C192=4] If this statement is selected, please mark one of the two choices below: <input type="checkbox"/> Caregiver (Examples: friends, relatives, parents of friends) <input type="checkbox"/> Unaccompanied Student [C192=4] <input type="checkbox"/> Student is currently in the conservatorship (custody) of the Department of Family and Protective Services (court order) <input type="checkbox"/> Student is currently in Foster Care and residing in a Foster or Group Home (Foster Parent/Group Home Staff have a DFPS Placement Authorization Form 2085)	
X	Date:	
Signature of Person Providing Information (Parent/Legal Guardian/Caregiver/Unaccompanied Student)		

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).

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.**

- "X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:
 - In a home that the student's parent or legal guardian owns or rents** [C189=0]
 - In a place that **does not have windows, doors, running water, heat, electricity, or is overcrowded** [C189=3]
 - Staying with a friend or relative** because of loss of housing, economic hardship, or a similar reason (examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home) [C189=2]
 - In a shelter** (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing) [C189=5]
 - In an **unsheltered location**, such as a tent, a car or truck, a van, an abandoned building, on the streets, at a campground, in the park, in a bus or train station, or other similar place [C189=3]
 - In a hotel or motel** because of loss of housing or economic hardship (examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane) [C189=4]
 - In a **transitional housing program** (housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization) [C189=5]
 - The student lives here because of a natural disaster. "X" the type of disaster below and provide the requested information:
 Flood Tornado Wildfire Hurricane Other—Please describe: _____
 - The student does not sleep in any of the places described above. Tell below where the student does sleep: _____

2. Please provide the following information:

Names(s) of school-aged siblings (brothers and/or sisters) of the student	Grade	Brother (B) Sister (S)	Stays at the same place as student	List all other school-aged children that stay in the same place as the student	Grade
		<input type="checkbox"/> B <input type="checkbox"/> S	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> B <input type="checkbox"/> S	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> B <input type="checkbox"/> S	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> B <input type="checkbox"/> S	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> B <input type="checkbox"/> S	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DISTRICT USE ONLY

I certify the above named student qualifies or does NOT qualify for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Signature/Date of McKinney-Vento Liaison: _____

Copying/Filing Instructions:

Copy to: Parent at Registration or Enrollment

Original: File in Student Residency Questionnaire (SRQ) Folder for future audit only if first in #1 is .

Original: If more than one box is , scan via e-mail to the District McKinney-Vento Liaison immediately for follow-up. The campus should keep the original at front of SRQ Folder along with the signed copy returned by the District McKinney-Vento Liaison.

DO NOT file SRQs in individual Permanent Record folders. This form should remain CONFIDENTIAL at ALL TIMES.