

Student Residency Questionnaire

This questionnaire is to address the McKinney-Vento Act, U.S.C.A. 42 Section 11302(2) and will help determine services your Child may be eligible to receive. Please read the following options before checking a box.

1. Check this box if you choose not to answer the remainder of this questionnaire OR if your child has permanent housing (house, apartment, etc. owned or rented by the child's parent / guardian). It is not necessary to complete the remainder of this form if the box above is checked. Return this form to your child's school.
2. Check this box if your child's current residence is temporary and due to one of the following loss of housing, economic hardship, domestic violence, foster care awaiting placement, homelessness or other similar reasons. Complete the remainder of this form and return the form to your child's school.

Child's / Student Name _____ School _____ Grade _____

Child's Student's Address _____

Printed name of person completing this form	Relationship to Student	Cell/Home/Contact Number
---	-------------------------	--------------------------

_____ **Date**

**Please contact Martha Arellano at 909-595-1261 ext. 44383 if you have questions about this form
Office Staff – Forward this form to Martha Arellano at Vejar ONLY IF box 2 is checked.**