

## **Student Residency Questionnaire** 2022-23

School Data Entry:		
Date:	_ Print your Na	me:
Codes: Hs	c	_UY

This survey is intended to address the requirements of the ESSA:

additional educational su	pport services.	Please respond to Section A	A, Section B, Section C, and fill in par	ent/guara	lian nai	me, <u>address</u>	
			OOL and return the survey to your cl	ilia s teac	ner. ا	наріа Оф.	
Español? Por favor llene <b>Section A: Name of Child</b>							
			lergarten, please fill out a form at t	nat schoo	l for th	am	
The you have children acti	ending another	School, including pre-kind	iergarten, piease illi out a form at ti	iat stiloo	i ioi tii	em.	
First Name	MI	Last Name	Grade	School	School		
First Name	MI	Last Name	Grade	School			
First Name	MI	 Last Name	 Grade	School			
	Dlace	an "V" in the appropriate	box to answer "YES" or "NO".				
Section B: QUESTIONS	PidCe	an A in the appropriate	DOX to answer TES OF NO.	YES	NO	Hs CODE	
•	ny school age cl	nildren lives in a tent camp	site (without running water and/or	123	1.0	A	
electric), emergency or transitional shelter.							
2. My family temporarily lives with another family (doubled up) due to loss of housing, economic						В	
hardship, or a similar re	ason.						
3. My family lives in a location not ordinarily used as a sleeping space such as a car, park, public space,						D	
_		ge facility, substandard hou	using or boat at anchor without				
facilities (running water a							
4. My family lives in a motel or hotel due to lack of alternate accommodations.						E	
•			rary work harvesting seasonal crops				
Section C: If you answer We lost our home due t		estions 1-5, place a check n	ext to the reason below that applies	·•		C CODE	
1)Mortgage Foreclosure	,					М	
2)Wildfire						W	
3)Man-made Disaster (Major)						D	
4)Natural Disaster (Earthquake, Flooding, Hurricane, Tropical Storm, Tornado) Circle One						EFHST	
5)Pandemic (Major)						P	
			eviction, domestic violence, lack of			N	
affordable housing/health	care, mental illn	ess, long term poverty, etc.)					
Section D: QUESTIONS				YES	NO	Hs CODE	
1. A child/youth in my h	ome is an <u>unac</u>	companied youth (not in the	e physical custody of a parent/guardian)			Y	
	(5 : 1)						
Street Address (Location	of House):						
Mailing Address:							
S	Street	City	State		Zip		
Home phone:		Cell phone:	Work phone:				

## **Directions for school Data Entry:**

Parent or Guardian Signature:

For students with a <u>YES</u> response to questions 1-5, enter information into FOCUS under <u>Homeless</u> using the drop-down arrow and select from Homeless Student PK-12 & Homeless Cause. Also select Yes or No under the Homeless Unaccompanied Youth and Homeless Date (enter the date when the form was signed by parent/guardian or student) which serves as the Identification Date. This is VERY Important for free lunch. Complete school data entry date at the bottom of the page and indicate the name/entered by.

Date: