Louisiana Student Residency Questionnaire

(Form Must Be Included In School Enrollment Packet)

Date:_____ LEA:_____ School Name:_____

Student Name:_____ ID#:_____ Gender: Male / Female

Address:_____ Phone:_____

Last School Attended:_____ Current Grade:_____ Date of Birth_____

Parent/Guardian/Adult Caring for Student:_____ Relationship:_____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. ☐YES ☐ NO Did the student receive McKinney Vento (Homeless) Services in a previous school district?
2. ☐YES ☐ NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, complete questions 6 & 7 and sign under item 12 and submit form to school personnel.)
3. ☐YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship?
4. ☐YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
5. Where is the student currently living? (Check all that apply.)
   - ☐ In an emergency/transitional shelter.
   - ☐ Temporarily with another family because we cannot afford or find affordable housing.
   - ☐ With an adult that is not a parent or legal guardian, or alone without an adult.
   - ☐ In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
   - ☐ Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
   - ☐ In a hotel/motel. ☐ Other specific information:_____
6. ☐ YES ☐ NO Within the past 6 months, we worried whether our food would run out before we got money to buy more.
7. ☐ YES ☐ NO Within the past 6 months, the food we bought just didn't last, and we didn't have money to get more.
8. ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
9. Would you like assistance with uniforms, student records, school supplies, transportation, other? (Describe):_____
10. ☐ YES ☐ NO Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
11. ☐ YES ☐ NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.

Name _____ School _____ Grade _____ DOB _____
Name _____ School _____ Grade _____ DOB _____
Name _____ School _____ Grade _____ DOB _____

12. The undersigned certifies that the information provided above is accurate

Print Parent/Guardian/Adult Caring for Student's Name	Signature	Date

(Area Code) Phone Number	Street Address	City	State	Zip Code

Print School Contact Name	Title	Signature	Date

Homeless Liaison Use Only – Check All that Apply:

☐ Sheltered ☐ Doubled-Up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel Unaccompanied Youth: ☐ YES ☐ NO

☐ Sent Resources or made contact with POC for food insecurity

School Use Only:

☐ Free or Reduced Price Meals Form submitted/signed ☐ Copy Placed in Student's Cumulative Record