



Student Residency Questionnaire and Affidavit

This document helps determine eligibility under the McKinney-Vento Education Assistance Act 42 U.S.C. §11435

Name of Student(s)	Date of Birth	Last School	Grade	IEP (y, n)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

A. The student(s) currently live in: motel/hotel shelter temporarily with another family car, RV, or campsite transitional housing Other _____

B. The student(s) lives with: one parent two parents a qualified relative an adult that is not a legal guardian friend(s) alone with no adults

C. Is the current address a temporary living arrangement? Yes No

D. Is this living arrangement due to loss of housing or economic hardship? Yes No

E. I am: the parent/legal guardian of the above-named student(s) a qualified guardian of the above-named student(s): (relationship: _____)

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

Signature: _____ Print Name: _____ Date: _____

Previous Address: _____

Current Address: _____ Zip Code: _____

Phone #: _____

EUSD McKinney-Vento Liaison Signature

4727 San Pablo Avenue, Emeryville, CA 94608
510 601-4907 Fax: 510 601-4913
www.emeryusd.org