Fullerton Joint Union High School District
McKinney-Vento Assistance Act
Residency Questionnaire 2018-2019

This form assists school personnel in complying with the legal guidelines for school enrollment of children who meet eligibility criteria provided under the McKinney-Vento Homeless Education Assistance Act (Title I, Part A of the Every Student Succeeds Act).

Date: ___________________ School: __________________________________ Grade: __________

Student’s Name: ___________________________________________ Birth date: ____________________________
(______) (______) (______) (Month) (Day) (Year)
(______) (______) (______) (Last Name) (First Name)

Parent/Guardian Name: ______________________________________ Telephone Number (______) _______________
(______) (______) (______) (Last Name) (First Name)

Current Address/Evening Location: ____________________________ Street Apt/Rm # City Zip Code

The student lives with (check one):
☑ Parent(s) ☐ Friend(s) ☐ Alone with no adult(s)
☐ Relative(s) ☐ An adult who is not the parent/legal guardian

Please check the following living situation that applies to the student:
1. ☐ Living in your own home, rented or purchased, house or apartment (one family)
2. ☐ Living with friends or relatives by choice
3. ☐ Temporarily living with friends, relatives or others due to economic hardship, loss of housing, foreclosure, loss of job, or similar reason (ex. renting a room): Please explain: _____________________________________________
4. ☐ Living in a shelter or transitional housing. Program name: _____________________________________________
5. ☐ Living in a hotel or motel. Name of hotel or motel: _____________________________________________
6. ☐ Living in a campground, park, or car (location/cross streets: _____________________________________________)
7. ☐ Other circumstances. Please explain: _____________________________________________

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Providing false information could result in the immediate disenrollment of the student from the school.

Parent/Guardian Signature: ___________________________ Date: __________________________

Office Use Only
Reviewed by Site Administrator/Designee: ___________________________ Date: __________________________
Met with student and/or parent? Yes ☐ No ☑ Date: __________________________
Food and Nutrition Services ___________________________ Fax #: (714) 870-2835 Asma Chaudhry
Transportation ___________________________
School Supplies ___________________________
Other ___________________________

Rev: 5/2/2017