

SHELBY COUNTY SCHOOLS STUDENT RESIDENCY QUESTIONNAIRE/HOMELESS AFFIDAVIT

This document is intended to address the McKinney-Vento Homeless Assistance Act. Your answers will help determine documents necessary to enroll your student.

Student: _____ Sex: M F Birth Date: ____/____/____ Grade: _____
Last Name First Name Day Month Year

Do you and your student live in a fixed, regular adequate nighttime residency? (If "Yes" stop here. You must provide proof of homeownership or rental documents along with two current utility bills in your name as proof of residency.)

1. I declare that my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act: (Please check all that apply)

☐ Lack a fixed, regular nighttime residence temporarily live with another family in a house, mobile home, or apartment because I cannot afford housing.

☐ Live in a Motel/Hotel (Hotel/Motel Receipt required.)

☐ Live in an emergency shelter, transitional shelter, or domestic violence shelter.

☐ Live in a car, trailer, park, or campground.

☐ Other location: _____

2. The student lives with:

☐ One Parent

☐ Two Parents

☐ Legal Guardian (Proof of Guardianship required)

☐ Unaccompanied Youth

3. I am:

☐ The parent/legal guardian of the above-named student

☐ Other: _____

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: _____ Printed Name: _____ Date: _____

Address/Current Location: _____
Street City Zip

Mailing Address: _____
Street City Zip

Telephone: _____ Cell Phone: _____ Other Phone: _____

For Office Use Only:

School Assigned: _____

Information Verified by: _____ Date: _____

Shelby County Schools offers educational and employment opportunities without regard to race, color, creed, national origin, religion, age, gender, or disability.