

Student Residency Affidavit

This affidavit is intended to address requirements of the McKinney-Vento Assistance Act., Title X, Part A of the Every Student Succeeds Act. Your answers will help determine documents necessary to enroll your child quickly and determine their eligibility for services.

Please complete this information for ALL children from Birth through 12th grade

Legal Name of Student _____
 Birth Date Last / / / First Student ID Middle Grade Level Suffix
 _____ / _____ / _____ _____ _____ _____
 School _____

Legal Name of Student _____
 Birth Date Last / / / First Student ID Middle Grade Level Suffix
 _____ / _____ / _____ _____ _____ _____
 School _____

Legal Name of Student _____
 Birth Date Last / / / First Student ID Middle Grade Level Suffix
 _____ / _____ / _____ _____ _____ _____
 School _____

Legal Name of Student _____
 Birth Date Last / / / First Student ID Middle Grade Level Suffix
 _____ / _____ / _____ _____ _____ _____
 School _____

Parent/Guardian Name _____
 Address Last First Middle Suffix

 Street Apt//Lot

 City/County State Zip

 Area Code Home Phone Area Code Mobile Phone

 Area Code Work Phone email address

I am the parent/guardian of the above student(s). We are now living:

1. ___ in an apartment, condo, or home (with no other family)
2. ___ with family or friends due to:
 - a. ___ convenience – long term plan
 - b. ___ necessity – temporary, financial crisis/loss of housing that made living together the only option

How long have you shared the residence? _____

How many people live at the residence? _____

How many bedrooms are in the residence? _____

How many bathrooms are in the residence? _____

What is the name of the Owner/Lessor/Renter _____
3. ___ In a hotel/motel due to lack of adequate alternative

Hotel Name _____

Street _____ Room _____

City/County _____ State _____ Zip _____