

2024-2025 Student Residency Questionnaire

This form is included in the student enrollment packet to help identify the students that may be eligible for services under the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11435. The information provided below will help us determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A, and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate district and site staff. If you have any questions, please contact CVUSD's McKinney-Vento Liaison: Amber Bowman, Coordinator, Student Support Services, 805-497-9511 x 3323.

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest of the student.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.
- Additional considerations including the same special programs and services, if needed, as provided to all other students including free meals and Title I supports, and the possibility of transportation considerations.

| Name of Student: | | DOB: | Gra | ide: | School: |
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| Γhe student lives with: | | | | | |
| Both parents/guardians | | I am a student under the age of 18 and living apart | | | |
| Split time with both parents | | from parent(s) or guardian(s) | | | |
| Mother | | Foster Parents | | | |
| Father | | Other: | | | |
| A relative, friend, or other adult* | | *Caregiver Authorization form may be required | | | |
| Student is currently: | | | | | |
| Living in a single-home re | sidence that is perm | nanent (house, ap | artment, mobile | home, co | ndo) |
| • • | • | , , , | • | • | lack of adequate housing, or |
| Temporarily living in a mo | tel or hotel due to l | oss of housing, fir | ancial hardship, | natural di | saster, or similar reason |
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| Living in a car, park, camp electricity, or heat) | | - | r inadequate acc | commodat | cions (i.e. lack of water, |
| Please list all other children curre | Gender | Birthdate | Grade P | | reschool or School |
| | Genue. | Direction of the state of the s | 0.000 | | |
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| The undersigned parent/guardian | certifies that the in | formation provide | ed above is true a | ınd correc | t. |
| The undersigned parent/guardian Parent/ Guardian Name | certifies that the in | formation provide | ed above is true a | | t. Phone Number |
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