

STUDENT RESIDENCY QUESTIONNAIRE**PLEASE COMPLETE (1) ONE FORM FOR EACH STUDENT BEING ENROLLED**

Student Name:	Student ID #:	Birth Date: / /	Age:
Current Address: (Include City, State, and Zip)	Email:	KATY ISD Campus:	
Previous Address: (Include City, State, and Zip)	Telephone #:	Cell Phone #:	
Last School Attended:	Last Date Attended:	Current Grade Level:	
Name of person with whom student resides:	<input type="checkbox"/> Parent <input type="checkbox"/> Unaccompanied Youth	<input type="checkbox"/> Legal Guardian (granted only by a court) <input type="checkbox"/> Caregiver (Examples: friends, relatives, etc.)	
Signature of Parent/Guardian/Unaccompanied Youth/Caregiver:			Date:

Presenting a false record or falsifying information for enrollment purposes is an offense under Section 37.10, Penal Code. Enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC 25.002(3)(d).

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42 U.S.C. 11435). The answers to this residency information help determine the services the student may be eligible to receive.

1. Does the student live in a place that is owned or rented by a parent or legal guardian? Yes No

If you answered YES to #1, skip the remainder of the form. If you answered NO to # 1, please complete questions 2-5.

2. Is the student's current address a temporary living arrangement due to loss of housing or economic hardship?
 Yes No

Please explain the reason for loss of housing: _____

3. Were you displaced from your home due to a Natural Disaster? Yes No

Hurricane (Name): _____ Other: _____

4. Where is the student presently living? (Please check all that apply)

- In a hotel/motel
 In a shelter or other transitional housing
 In the home of a friend/relative due to loss of housing (examples: fire, flood, lost job, divorce, eviction, natural disaster, etc.)
 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
 Moving from place to place due to loss of housing (examples: fire, flood, lost job, divorce, eviction, natural disaster, etc.)

5. Please provide the following information for siblings of the student:

Name	Grade Level	School	District

DISTRICT USE ONLY

- Student qualifies as homeless.** **Student does NOT qualify as homeless.**

Homeless Liaison Signature:

Date:

Comments:

Copying/Filing Instructions:

Original: If "Yes" is the response to question 1 – ADA/Registrar

Original: If "No" is the response to question 1, scan via email to SRQ@KATYISD.ORG. The attendance clerk/registrar should keep the original in a separate folder along with the signed copy returned by the District Homeless Liaison. **DO NOT file SRQs in PR folders.**

Revised: 2/21/22