



# Alvin ISD Student Residency Questionnaire

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

Name of School \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID \_\_\_\_\_

Name of Student: \_\_\_\_\_ Sex: \_\_Male \_\_Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
month / day / year (or student identification number)

1. Is your current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered YES to the above questions, please complete the remainder of this form.  
If you answered NO to these questions, you may stop here.

\*\*Are you an Unaccompanied Youth – kicked out by parent, abandoned by parent, living on your own? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please check only one box that best describes where the student is presently living:**

- \_\_\_\_\_ Doubled up - in the home of a friend or relative because I lost my housing (ex. Fire, flood, hurricane, lost job, divorce, domestic violence, kicked out by parents, parent(s) in jail, etc.)
- \_\_\_\_\_ In a shelter because I do not have permanent housing (living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing.)
- \_\_\_\_\_ In a hotel or motel (because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)
- \_\_\_\_\_ In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	Date of Birth

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE ONLY: Send a copy to the Department of Federal Programs (281-245-2980 fax)**

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.