

## ACHIEVEMENT SCHOOL DISTRICT 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 the student.

Student:	:		Sex: M F	Birth Date:		/	Grade:
	Last Name	First Name			Day Month	Year	
	proof of home	ot live in a fixed, r cownership or rent					here. You must our name as proof of
1. I decla	are that my fan	nily meets one of	the following	conditions for t	he McKinney	-Vento Ho	meless Assistance Act
(Please o	check all that a						
		gular nighttime resid Juse I cannot afford		arily living with an	other family in	a house, m	obile home, or
	Live in a Motel/		J				
	Live in a car, tra	iler, park, or campg	round				
	Other location:						
2 The st	udent lives wit	h·					
	One Parent						
	Two Parents						
	Legal Guardian	(Proof of Guardians	hip required)				
	Unaccompanied	d Youth					
3. I am:							
		Il guardian of the ab					
affidavit, been pro incurred	to verify residen vided to counsel as a result of pro	for the Achieveme viding false informa	on may include nt School Distri ation.	home visits and oct for further acti	may refer case: ons and/or file	s in which fa civil action	n provided on an all alse information has to recover damages to immediate withdrawal
		y of perjury unde personal knowle		this state that t	he informatio	on provide	ed here is true and
Signatur	e:			Printed Name: _			
Date:		Address/Curr	ent Location:				
				Street	Cit	У	Zip
Mailing A	Address:						
		Stree	et		City		Zip
Telepho	ne:	Cell I	Phone:		Other Phon	e:	
For Office	,						
School Ass	igned:	Info	rmation Verified	bv:	Date:		