



Student Residency Questionnaire

2020-2021

Student Information

Name of School: _____ Current Grade: _____

Name of Student: _____
Last First Middle

Student ID #: _____
Month / Day / Year

Unaccompanied Youth: Yes No

(The student is not in the physical custody of a parent or guardian.)

Foster Care: Do you have a Form 2085? Yes No

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

1. Is your current address a temporary living arrangement?
(Mark "Yes" if you are **NOT** living in your own home, renting an apartment or on a lease)

Yes No

2. Is this temporary living arrangement due to loss of housing? (Fire, eviction, loss of income, domestic violence, etc.)

Yes No

3. Were you displaced from your home due to a Natural Disaster? (hurricane, tornado, etc)

Yes No

Type of Natural Disaster:

Hurricane: _____ (Please name)

Other: _____ (Please describe)

➤ **If you answered NO to all questions, please sign below, and stop here.**

➤ **If you answered YES, to any question sign below and complete Section A**

X

Signature of Parent/Legal Guardian/Unaccompanied Youth _____ Date _____

Section A

Where is the student presently living? (Check all that apply)

In a Shelter (emergency, youth, domestic violence shelter, etc.)

Doubled-up (living with friend/relatives)

Unsheltered (cars, campgrounds, etc.)

Hotels/Motels

Previous Address: _____
Street Address City State Zip Code

Last School Attended: _____
Full School Name City State District

School aged siblings attending PFISD schools:

Name(s): _____

Grade Level(s): _____

School(s): _____

Name of Parent(s)/Legal Guardian(s): _____

Current Address: _____
Street Address

City Zip

Phone Number email address

Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code and enrollment of a child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.001(h) Education.

For Social Work Office Use Only

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

Date Victoria Esparza-Gregory, MV Liaison for Pflugerville ISD

Notified Food Service _____ Notified Registrar _____ Other Action Taken _____

Please send original via interoffice mail to MV Liaison at the Social Work Department.

Fax: (512) 594-1951 Phone: (512) 594-1953