

STUDENT RESIDENCY STATEMENT (SRS)

School: _____ Date: _____

Student Name (please print): _____ Birth Date: _____ Grade: _____

Please list all of YOUR preschool and school-aged children currently living with you (please print):

Name: _____ Birth Date: _____ School: _____

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Information on this form is confidential.

1. Do you live in any of these following situations?

___ Sharing the housing of other persons due to: (check one)

___ Loss of housing, economic hardship, or similar reason (example: evicted from home, etc.)

Explain: _____

___ Long term, cooperative living arrangement to save money or for a similar reason

___ Other (please specify) _____

___ In a motel, hotel, campground, or similar setting due to: (check one)

___ Lack of alternative adequate accommodations, explain: _____

___ A convenient living arrangement or waiting for an apartment or house to be ready

___ Other (please specify) _____

___ In an emergency or transitional shelter such as domestic violence or homeless shelter or transitional housing

___ In a primary residence that is not designed for or ordinarily used as a regular sleeping accommodation for humans

___ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings

___ None of the above

How long do you anticipate living at this location? _____

Current Address: _____ Phone: _____

2. Unaccompanied Youth: Not in physical custody of a parent or guardian (check one box)

Yes. Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.

No. Student(s) does not meet the definition of "Unaccompanied Youth".

3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, or other)? Check One: Yes No

Parent/Guardian/Unaccompanied Youth Signature: _____

SCHOOL USE: If the student(s) is eligible for McKinney Vento services based on their living situation, give the parent/guardian/unaccompanied youth the packet of **Information for Parents: McKinney Vento Homeless Assistance Act** and have them sign below. Send this form to the Executive Assistant at the Bettendorf Administration Office. Contact the Homeless Liaison with questions.

School Staff Name

School Staff Signature

I have received the packet of Information for Parents: McKinney Vento Homeless Assistance Act.

Parent/Guardian/Unaccompanied Youth Signature

Date

Copies to: (1) Homeless Liaison (2) School Data Entry Person (3) Director of School Nutrition (4) Title 1 Coordinator