

STUDENT RESIDENCY STATEMENT (SRS)

School: _____ Date: _____

Student Name (please print): _____ Birthdate: _____ Grade: _____

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

Name: _____ Birthdate: _____ 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

____ Have a primary resident that is a place 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 is: _____ 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 a homeless situation is indicated, give the parent/guardian/unaccompanied youth a copy of: Information for Parents McKinney Vento Homeless Assistance Act and have them sign below. Send the form to the Superintendent's office at Bettendorf Administration Center. Contact the Homeless Liaison at 563-359-9375 (office) with questions.

Administrator Name (Print and Sign) : _____

Parent/Guardian/Unaccompanied Youth Signature _____ Date: _____