

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: _____

Name: _____ Birthdate: _____ School: _____

Name: _____ Birthdate: _____ School: _____

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: _____