

Mountain Empire Unified School District

Housing Questionnaire Form

This affidavit is intended to address requirements of the **McKinney-Vento Act**. Your answers will help determine documents necessary to enroll your child quickly and determine their eligibility for services. (Complete for all children from birth to 18 years of age.)

Please PRINT and fill in all information as completely and accurately as possible:

| | | - | - | | | | | |
|---|---------------------------------------|---------|-----|------|----------|---------------------------------|---------------|--|
| Student / | Child Name | Scho | ol | Date | of Birth | Grade | | |
| 1 | | | | | | | Sex: M F | |
| | | | | | | | | |
| | | | | | | | | |
| 2 | | | | | | | Sex: M F | |
| | | | | | | | | |
| | | | | | | | | |
| 3 | | | | | | | Sex: M F | |
| | | | | | | | | |
| 4 | | | | | | | Sex: M F | |
| | | | | | | | Jex. Livi Li | |
| Presently, are you or your family in any of the following situations: | | | | | | | | |
| Emergency or transitional shelter | | | | | | | | |
| Hotel or motel | | | | | | | | |
| Unsheltered (i.e.: cars, parks, garage, campgrounds) | | | | | | | | |
| Temporarily with another person or relatives due to economic hardship or loss of housing (i.e. eviction, inability to pay the rent, | | | | | | | | |
| destruction of home, illness, loss of employment, etc.) | | | | | | | | |
| Unaccompanied youth not living with parent or guardian | | | | | | | | |
| Substandard housing: describe: | | | | | | | | |
| (i.e.: no water or electricity; health or safety risks) | | | | | | | | |
| Other: | | | | | | | | |
| | | | | | | | | |
| PARENT/GUARDIAN INFORMATION: | | | | | | | | |
| Name: | | | | | | | | |
| Dhana | 1 | Dhanai | | | | Parent/Step-p Legal guardiar | | |
| Phone: | () | Phone: | () | | | Other: | | |
| (Cell) | | (Other) | | | | | | |
| | Address: | | | | | | | |
| (Physical) | (Physical) | | | | | | | |
| | | | | | | 1 | | |
| Address: | | | | | L | Check if san address | ne as mailing | |
| (IVIAII) | | | | | | auuress | | |
| You (if unaccompanied)/Your child has the right to: | | | | | | | | |
| | | | | | | | | |
| Continue to attend the school attended before you were in transition | | | | | | | | |
| Receive assistance with transportation to the school of origin. | | | | | | | | |
| Enroll in school without proof of a permanent address or school records normally required for enrollment and attend classes while the school arranges for records transfer, immunization records or other needed items. | | | | | | | | |
| Receive the same access to all special programs and services as provided to all other children. | | | | | | | | |
| | eceive free school meals without fill | · - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

I declare under penalty of perjury under the law of California that the forgoing is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to testify thereto.