



STUDENT NIGHTTIME RESIDENCY QUESTIONNAIRE

This document is intended to provide proof that the student complies with district residency requirements (Board Policy 5111.1) and to address the requirements mandated within the McKinney-Vento Assistance Act, U.S.C.A. 42 Section 11302(a).

Date: _____ Student Name (First, M.I., Last): _____ Male Female

School Enrolling In: _____

Date of Birth: _____ Grade: _____ Special Ed: No Yes Eligibility: _____

Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Parent/Guardian Name: _____ Contact Phone Number: _____

Student's Living Situation (Check all that may apply):

Single Family permanent residence (house, apartment, condo, mobile home) that you own or rent
Present TWO of the following items (current original documents only) to verify your name and address at the location above:

- | | | | |
|----------------------------|------------|--------------------|---|
| So. Calif. Edison Co. Bill | Water Bill | Mortgage Statement | So. Calif. Gas Co Bill |
| Rental Contract | Cable Bill | Property Tax Bill | Military Housing Order |
| Escrow Statement | Pay Stub | Voter Registration | Correspondence from a Government Agency |

In a shelter _____ (name of shelter)

In a motel or hotel _____ (name of motel/hotel) **temporarily, due to inadequate housing**

In a transitional housing program _____ (name of program)

In a car, trailer or campsite, **temporarily, due to inadequate housing**

In a rented trailer/motor home on private property

In a Single Room Occupancy (SRO) building – a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchens

In a rented garage **due to loss of housing**

In another family's house or apartment, **temporarily, due to loss of housing, stemming from financial problems (e.g. loss of job, eviction, or natural disaster)** (Property owner/renter will need to provide proof listed above as well as show identification to school staff)

With an adult that is not the parent/legal guardian, **temporarily, due to loss of housing**

Awaiting foster placement

Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (please explain) _____

Living alone, without any adult (unaccompanied youth)

If any of the situations are checked in this box, please fill out the Needs Assessment Information Sheet

Other Circumstances:

Referral to Pleasant Valley School District for assistance with residency verification necessary for enrollment of your child.

Signature of Referring School Official _____ Date _____ PVSD Verification/Approval _____ Date _____

AFFIDAVIT

By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

Signature of Parent/Legal Guardian/Caregiver _____ Date: _____