



# SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

Student Support Services  
805.549.1218

## STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly and access available services.

I declare under penalty or perjury that I/my family meet(s) one of the following conditions for the McKinney-Vento Assistance Act: (Please check all that apply)

- Lack a fixed, regular nightly residence
- Live with friends or relatives because I cannot afford housing (Doubled-up)  
**Name of other tenants:** \_\_\_\_\_
- Live in a motel / hotel
- Live in an emergency shelter, transitional shelter, or domestic violence shelter
- Live in a car, trailer, park, or campground
- Unaccompanied Youth

Name of Parent / Guardian / Caregiver: \_\_\_\_\_  
(PLEASE CIRCLE ONE OF THE ABOVE CHOICES)

Address / Current Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

**Please list the full name of ALL children below and the corresponding school site**

Student	Birth Date	School	Grade

- Food Services Request: F/R Lunch Application NOT needed
- Transportation Request: Bus application must be completed online only:

<http://www.slcsd.org/department-details.php?id=7>

\_\_\_\_\_  
Signature of Parent / Guardian / Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Site Administrator

\_\_\_\_\_  
Date

**For office use only: Scan to Karen Peek in Student Support Services @ kpeek@slcsd.org**

- Entered** information in Power School (Student Support Services will enter information)