

**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 and adequate 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

**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:*

<https://www.slcsd.org/bus-pass.php>

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

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

Phone: \_\_\_\_\_

***\*I ALSO AUTHORIZE SLCUSD PERSONNEL TO VISIT MY PLACE OF RESIDENCE FOR PURPOSES OF VERIFICATION.***

\_\_\_\_\_  
Signature of Parent/Guardian/Caregiver                      Date                      School Site Administrator                      Date

If the district reasonably believes that the parent or guardian of a pupil has provided false or unreliable evidence of residency, the district shall make reasonable efforts to determine that the pupil actually meets the residency requirement set forth in E.C. section 48200. A reasonable effort will include phone and/or home calls to anyone listed on this document, e.g., Landlords, Homeowners, Human Services and Business Facilities. AN AFFIDAVIT OBTAINED BY MISREPRESENTATION, FALSE ADDRESS OR INACCURATE RESIDENCE INFORMATION WILL BE TERMINATED AND THE STUDENT WILL BE RETURNED TO THE SCHOOL OR DISTRICT OF RESIDENCE.

***When Completed Scan to: Lisa Poladian in Student Support Services - lpoladian@slcsd.org***