

GARLAND ISD - STUDENT RESIDENCY QUESTIONNAIRE

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act and ESSA- Every Student Succeeds Act. The act ensures educational rights and protections for children and youth experiencing homelessness. The answers you provide will help the school district determine the services the family may be eligible to receive.

PLEASE PRINT

STUDENT INFORMATION	Student Name: _____
	Last First Middle
	Date of Birth: _____ Garland ISD Student ID #: _____
	Garland ISD School (enrolled at or enrolling to): _____ Grade: _____
	Previous District Attended: _____ Previous School: _____

Last Name, First Name	Brother/ Sister <small>(Including Step-siblings)</small>	Age	Grade	School	District <small>(If GISD, ID # only)</small>

GUARDIAN INFORMATION	Name: _____
	Primary Phone #: _____ Email: _____
	Emergency Contact Name: _____ Phone #: _____
	I am the: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <small>(Legal guardianship may only be granted by a court. Documentation may need to be provided)</small> <input type="checkbox"/> Caregiver/Designated Guardian <small>(Examples: Friends, relatives, parents of friends, etc.)</small> <input type="checkbox"/> Student <small>(I do not live with my parent(s)/legal guardian)</small> <input type="checkbox"/> Student in Foster Care <small>(Guardian is a Foster parent/guardian or in Kinshipcare with DFPS via Court docs or Form 2085)</small> <input type="checkbox"/> Other: _____

Street Address: _____ Apt. /Room #: _____

City: _____ Zip Code: _____

- Please identify your living situation:**
- Currently, hold a mortgage or lease of an apartment or home in your name.
 - Long-term, agreed-upon living arrangement with a family member or friend.

(If neither of these options are applicable, then sign below continue to the back of the form. If you have checked either of the above options please sign below and turn in form.)

I understand that presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. Texas Education Code Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian/Caregiver/Designated Custodian/Student

Date

GARLAND ISD - STUDENT RESIDENCY QUESTIONNAIRE cont'd.

CURRENT LIVING SITUATION

Which of the following best describes the student(s) current temporary living arrangement **(check one)**:

- We are staying in the home of a friend or relative.
- We are staying in an unsheltered location. *(Ex: Without running water/electricity, tent, car/truck/van, abandoned building, campground, park, multiple families renting rooms/space causing substandard housing conditions, etc.)*
- We are staying in a hotel or motel. *(Ex: economic hardship, eviction, family problems, living conditions, natural disaster, etc.)*

Does the following apply? My homeowners insurance is paying for our stay as part of a filed claim Yes No

- We are staying in a shelter. *(Ex: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)*
- We are staying in transitional housing. *(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, nonprofit organization, governmental agency or another organization)*

How long has the student lived in this living arrangement? _____

Are you currently able to get your student to and from school? _____

CONTRIBUTING FACTORS

Factors contributing to the student(s) present living situation **(check all that apply)**:

- Economic hardship:**
 - Loss of job resulting in inability to pay rent/mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Inability to produce deposits for rent or utilities
 - High medical bills that leave little or no money for housing
 - Other
- Family problems** *(Examples: Divorce, domestic violence)*
- Living conditions** *(Examples: lack of electricity/water/heat, no windows, overcrowding, mold, etc.)*
- Natural disaster**
 - Tornado, storm, flood, etc.
 - Hurricane: Name: _____
 - Fire *(Examples: prairie, forest, grass, lightning strike etc.)*
- Home fire not due to natural disaster** *(Examples: faulty equipment /wiring, furnace, fireplace, etc.)*
- Lack of resources to afford permanent housing**
- Lack of affordable housing in the area**
- None of the above (briefly explain):** _____

CAMPUSES

- Did guardian answer **YES** to owning/renting their own home/apartment? If so, please keep the questionnaire on campus.
- Did guardian answer **NO** to owning/renting their own home/apartment? If so, please forward a copy (front/back) by inner-office mail/fax/email to: Meighan Hylton – mhylton@garlandisd.net; Annette Himmelreich – ashimmel@garlandisd.net; Ivette Resendiz – iresend@garlandisd.net at Valle Student Services Center, Box 501/Fax: 972-494-8275

FOR STUDENT SERVICES USE ONLY

I certify the above named student(s) qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature _____

Date _____

PEIMS Indicator: 2 3 4 5 UY Indicator: 3 4

Transportation need indicated Yes No

DNQ