



GLENDALE UNIFIED SCHOOL DISTRICT
 223 North Jackson St., Glendale, California 91206-4380
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STUDENT WELLNESS SERVICES
 Dr. Ilin Magran

STUDENT NIGHTTIME RESIDENCY QUESTIONNAIRE

This document is intended to address the requirements mandated within the McKinney-Vento Assistance Act, U.S.C.A. 42 Section 11302(a). Your answers will help determine documents necessary to enroll your child quickly.

Date: _____ School: _____ Student ID#: _____

Student Name (First, M.I., Last): _____ Gender _____

Date of Birth: _____ Grade: _____ Special Ed: No Yes, designation _____

Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Parent/Guardian Name: _____ Contact Number: _____

The student(s) live(s) with: 1 parent 1 parent & another adult an adult that is not the parent/guardian
 2 parents a relative alone with no adults

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

<input type="checkbox"/> In a shelter _____ (name of shelter)
<input type="checkbox"/> In a motel or hotel _____ (name of motel/hotel)
<input type="checkbox"/> In a transitional housing program _____ (name of program)
<input type="checkbox"/> In a car, trailer or campsite, temporarily, due to inadequate housing
<input type="checkbox"/> In a rented trailer/motor home on private property
<input type="checkbox"/> In a Single Room Occupancy (SRO) building – a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchens
<input type="checkbox"/> In a rented garage, due to loss of housing
<input type="checkbox"/> 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)
<input type="checkbox"/> With an adult that is not the parent/ legal guardian, temporarily, due to loss of housing
<input type="checkbox"/> Awaiting foster placement
<input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (please explain) _____
<input type="checkbox"/> Living alone, without any adult (unaccompanied youth)

None of the above apply- NO FURTHER INFORMATION REQUIRED AT THIS TIME. If your housing situation changes, please notify your child's school.

Please list all siblings between the ages of birth and 22 years old.

NAME	BIRTHDATE	AGE	GRADE	SCHOOL

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