



## STUDENT RESIDENCY STATEMENT

Please list all of YOUR school-aged children currently living with you. (Please print as stated on Birth Certificate)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Information provided on this form is confidential.**

1. Do you live in any of the following situations?

Sharing housing with other persons due to: **(choose all that apply)**  
 Loss of Housing , Economic Hardship , Evicted , Foreclosure , Lost Job , Separated/Divorced ,  
 Fire , Flood , Natural Disaster , Safety Reasons , Military Parent , Moved from \_\_\_\_\_

**Explain:** \_\_\_\_\_

Long-term living arrangement to save money or a similar reason **(please specify):** \_\_\_\_\_

In a motel, hotel, or campground **(please specify name):** \_\_\_\_\_  
 or a similar setting due to: **(check one below)**

Lack of alternative adequate accommodations: **(explain)** \_\_\_\_\_

A convenient living arrangement or waiting for an apartment or house to be ready.

Other **(please specify):** \_\_\_\_\_

In an emergency shelter, such as domestic violence, homeless shelter, transitional housing, other shelter or agency.

A primary nighttime residence not designed for or ordinarily used as a regular sleeping place for human beings.

In cars, parks, public spaces, abandoned buildings, bus/train station or similar setting **(please specify):** \_\_\_\_\_

Substandard Housing,  Unaccompanied Youth,  Awaiting Foster Care,  Migratory Children,  Group Home  None of the above.

2. Who is your family living with? Friend \_\_\_\_\_, Grandparent \_\_\_\_\_, Family Member \_\_\_\_\_, other **(please specify)** \_\_\_\_\_

3. Current Full Address (including room #): \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. How long have you lived at this location? \_\_\_\_\_ How long do you anticipate living here? \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian/Unaccompanied Youth (Print Name) Signature

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SCHOOL USE:** If a homeless situation is indicated, give the parent/guardian/unaccompanied youth a copy of Form JBC(1)E(2) (Information for Parents, McKinney-Vento Homeless Assistance Act). Fax this completed form to the Homeless Education Liaison at 770-443-6014. Contact the Homeless Education Liaisons at 770-443-8003 ext. 10264 with any questions.  
 Book Bag \_\_\_\_\_, School Supplies \_\_\_\_\_, Dictionary \_\_\_\_\_, Toiletries \_\_\_\_\_, Calculator \_\_\_\_\_, Clothing \_\_\_\_\_, other \_\_\_\_\_.

Denied Homeless  Approved Homeless Date: \_\_\_\_\_ By: \_\_\_\_\_  
Homeless Education Liaison