

## Louisiana Student Residency Questionnaire Forr

## (Form Must Be Included In School Enrollment Packet)

Date	: LEA:		School Name:		
			ID#:		selluel. Male / Fellia
Date: School Name: Gender: M  Student Name: Telephone Number: Date of Birth:					
Addr	ess:		Current Grade:	Date of Bir	th:
Last S	chool Attended:		Current order _	 Relationshio:	
Paren	ochool Attended: ot / Guardian / Adult Caring for	Student:		( Liti-saladı	reational services through
Disclai Title I I 42 U.S eligible	imer: This questionnaire is intender Part A, Title I Part C Migrant, Indivi .C.11435. Eligibility can be determi e, students are to be <u>immediately e</u>	i to address the McKinney-Vento iduals with Disabilities Education ined by completing this questionr nrolled in accordance with Bullet	Act. Your child may be ell Act (IDEA) and/or Title IX, aire. <u>It is illegal to knowin</u> In 741, section 341.	Part A, Federal McKini aly make false statem	ney-Vento Assistance A ents on this form, If
1.	IYES INO Is the student's add amily owns or rents their home, IYES INO Is the temporary livi IYES INO Does the student ha 'here is the student currently liv	ress a temporary living arrang sign under item 9 and subml ng arrangement due to loss c ve a disability or receive any	gement? (Note: If this is t form to school person f housing or economic	hardship?	
[ [ [	☐ In an emergency/transitiona☐ ☐ Temporarily with another far ☐ With an adult that is not a pa ☐ In a vehicle of any kind, traile substandard housing.☐ ☐ Emergency Housing (i.e. FEM ☐ In a hotel/motel. ☐ Other sp	nily because we cannot anon- rent or legal guardian, or alo r park or campground withou A Trailer or FEMA Rental Assi ecific Information:	ot running water/electr	icity, abandoned bu	
5. 🗆	YES I NO Does the student exould you like assistance with un	hibit any behaviors that may	Interfere with his or he ol supplies, transporta	r academic perform tion, other?	
6. W	ould you like assistance with un	norms, scacente		k tomporani or	seasonal work in
7.	escribe): YES [] NO Migrant – Have you	moved at any time during the	e past three (3) years to wher) or fishing?	seek temporary or	303301101
agt	-iculture (including Poultry proc	essing, dany, naiser,	12 Mater Hea back of n	age if more space is	needed.
B. L	YES   NO Does the student have  NO Does the student have	School		Grade DO	DB
Na	me	School		GradeD	OB
Na	me	School			
9. The	mee undersigned certifies that the	information provided above	is accurate.		
<b>5.</b>					
Dri	nt Parent/Guardian/Adult Carin	g for Student's Name	Signature		Date
•••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(AI	rea Code) Phone Number	Street Address	City	State	Zip C
			Signature		Date
· · ·	int School Contact Name	Title <u>Homeless Liaison Use Onl</u>	L - Check All that Apply:		L. FI VES FI NO
□ Sch	Sheltered 🗆 Doubled-Up 🗆 Unshool Use Only: 🗀 Free or Reduced	eltered/FEMA/Substandard [] H	lotel/Motel	Jnaccompanied Yout ced in Student's Cum	ulative Record 03/2