



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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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 **(specify name of location and explain)**: _____

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