



LAKESIDE UNION SCHOOL DISTRICT HOUSING QUESTIONNAIRE FORM

This affidavit is intended to address requirements of the **McKinney-Vento Act**. Your answers will help determine documents necessary to enroll your child quickly and determine their eligibility for services. (Complete for all children from birth to 18 years of age.)

This Housing Questionnaire serves as verification for the _____ - _____ school year.

Please PRINT and fill in all information as completely and accurately as possible:

	Student / Child Name	School	Date of Birth	Grade	Student ID
1					
2					
3					
4					

Presently, are you or your family in any of the following situations:

None of these apply to me

Emergency or transitional shelter

Hotel or motel (i.e. no fixed/regular nighttime residence due to economic hardship)

Unsheltered (i.e. a car, park, public space, abandoned building, campground, bus or train station, substandard housing, or similar setting which may include lack of water or electricity; health or safety risks)

Temporarily with another person or relatives due to economic hardship or loss of housing (i.e. eviction, inability to pay the rent, destruction of home, illness, loss of employment, etc.)

Presently, are you:

Under the age of 18 and living apart from parent(s)/guardian(s)

Considered a runaway

PARENT/GUARDIAN INFORMATION: (IF UNACCOMPANIED, STUDENT TO COMPLETE WITH THEIR INFORMATION):

Name:			Relationship to student(s): <input type="checkbox"/> Self/ Parent /Step-parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: _____
Phone/Cell:		Email:	
Address: (Physical)			
Address: (Mail)			<input type="checkbox"/> Check if same as mailing address

You (if unaccompanied)/Your child has the right to:

- Continue to attend the school attended before you were in transition
- Receive assistance with transportation to the school of origin.
- Enroll in school without proof of a permanent address or school records normally required for enrollment and attend classes while the school arranges for records transfer, immunization records or other needed items.
- Receive the same access to all special programs and services as provided to all other children.
- Receive free school meals without filling out required applications

Date:

Signature:

Name:

I declare under penalty of perjury under the law of California that the foregoing is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to testify thereto.

Email completed form to: kmarks@lsusd.net

Mail original form to PUPIL SERVICES 12335 Woodside Ave. Lakeside, CA 92040