

SAN LORENZO UNIFIED SCHOOL DISTRICT
2020-21 Housing Questionnaire

This affidavit is intended to address the McKinney-Vento Assistance Act, U.S.C.A. 42 Section 11435(a). This information will be used to determine if your child qualifies for additional assistance under the Federal No Child Left Behind Act. **The answers to these questions will in no way affect your ability to register in the district and will be kept confidential and only shared with appropriate school district and site staff.**

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

Student / Child Name	School	Date of Birth	Grade	
1. _____	_____	_____	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
2. _____	_____	_____	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
3. _____	_____	_____	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
4. _____	_____	_____	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

Student(s) lives with: Parent Relative, Guardian or Caretaker Unaccompanied Youth (Alone with no Adults)
 (Check only one)

Parent/Guardian Information:

Relationship to Student(s):

- Parent/Step-parent
 Legal Guardian
 Other: _____

Name: _____

Phone: () _____ Phone: () _____
 (Cell) (Other)

Address: _____ Check if same as mailing address
 (Physical)

Address: _____
 (Mail)

Please mark your night time residence as of today's date:

- In a single-home residence that is permanent
- In a hotel or motel
- In a shelter
- In a car, park, campground, abandoned building, or other inadequate accommodations
- With more than one family in a house or apartment due to loss of housing, economic hardship, or natural disaster
- Moving from place to place
- I am a student under the age of 18 and living apart from parent(s) or guardian
- Other _____

Parent/Guardian Signature: _____ Date: _____

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.

SLZUSD Employee Signature: _____ Title: _____

Office Use Only

Needs: Bus tickets Provided ___/___/___ By _____ Child nutrition
 Supplies/backpacks Provided ___/___/___ By _____ After School Program
 Social worker support Copy of form sent to _____ on ___/___/___