

SIERRA COUNTY
OFFICE OF EDUCATION

SIERRA-PLUMAS JOINT
UNIFIED SCHOOL DISTRICT

Stanford J. Hardeman
Superintendent

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student: _____ (Male or Female)

Birth date: _____ Grade: _____

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **YES NO**

2. Do you and the student live in:

- Shelter
- Motel/hotel
- Temporarily with another family in a house, mobile home or apartment
- In a car or RV
- At a campsite
- Transitional housing
- Other location: _____

3. The student lives with:

- One parent
- Two parents
- A qualified relative
- Friend(s)
- An adult that is not the legal guardian
- Alone with no adult(s)

4. I am:

- The parent/legal guardian of the above named student
- A qualified adult relative of the above named student (Relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Print your name: _____ Date: _____

Residence: _____

Street

City

State

Zip

Mailing address: _____

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City

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Zip

Telephone: _____ Cell phone:
