



Lackland Independent School District
Student Residency Questionnaire 2017-2018

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help Lackland ISD determine the services the student(s) may be eligible to receive.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3) (d).

Name of Student: _____ Gender: ☐ Male ☐ Female

Birth Date: _____ / _____ / _____ Grade: _____ Social Security #: _____
Month / Day / Year

Are you living at your current address because of loss of housing or financial hardship? ☐ Yes ☐ No

Are you an unaccompanied youth? ☐ Yes ☐ No

If you answered NO, stop here, sign the form and return the form to Lackland ISD.

If you answered YES to the above question, please complete the remainder of this form and return to Lackland ISD.

Address: _____
Street City Zip

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of time student has lived at this address: _____

Name of school where student is enrolled or attempting to enroll: _____

Name of last school district attended: _____ Name of last school attended: _____

Please circle the number that best describes where the student is living:

1. In a home that has no electricity and/or no water.
2. In the home of a friend or relative because of loss of housing.
3. In a shelter because of no permanent housing.
4. In transitional housing that is available for a specific length of time only and is paid for by a church, charity, or other organization.
5. In a hotel or motel because of economic hardship, eviction, flood, fire, hurricane, etc..
6. In a tent, car, abandoned building, on the streets, at a campground, in a park, or other unsheltered location.
7. None of the above. Briefly describe your living situation: _____

Please describe factors that contributed to loss of housing: _____

Please provide the following information on school-age brothers and/or sisters of the student:

Name of Student	Date of Birth	Grade Level	Name of School	Name of School District

Signature of person completing this form

Date

Printed Name

Date

Relationship to Student

Date

For McKinney-Vento Liaison use only:

At-Risk Code _____ 12- Homeless

Homeless Status Code _____ 0- Not Homeless; 1- Lives in Shelter; 2 – Temporarily Doubled Up; 3- Unsheltered; 4 – Motel or Hotel – Demo 3

Unaccompanied Youth Status Code _____ 3 – Not Unaccompanied; 4 – Unaccompanied at any time during the school year

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date