

STUDENT RESIDENCY STATEMENT (SRS)

School: _____ Date: _____

Student Name (PLEASE PRINT): _____ Birth date: _____ Grade: _____

Please list all of YOUR preschool and school-aged children currently living with you (PLEASE PRINT):

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

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Information provided on this form is confidential.

1. Do you live in any of these following situations?

_____ Sharing the housing of other persons due to: (check one)

_____ Loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.)

Explain: _____

_____ Long-term, cooperative living arrangement to save money or a similar reason

_____ Other (please specify): _____

_____ In a motel, hotel, campground or similar setting due to: (check one)

_____ Lack of alternative adequate accommodations, explain: _____

_____ A convenient living arrangement or waiting for apartment or house to be ready

_____ Other (please specify): _____

_____ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing or other shelter or agency

_____ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans

_____ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

_____ None of the above

2. How long do you anticipate living at this location? _____

Current Address: _____ Phone Number: _____

Parent/Guardian/Unaccompanied Youth Signature

Date