 Student Residency Affidavit of Temporary Housing

*This* *affidavit* *is* *intended* *to* *address* *requirements* *of* *the* *McKinney-Vento* *Act* *and* *Every* *Student* *Succeeds* *Act.* *The* *questions* *below* *are* *to* *assist* *in* *determining* *if* *the* *student* *qualifies* *as* *a* *temporary* *displaced* *student* *and* *to* *determine* *eligibility* *of services*.

**Students**

Student First Name

Student First Name

Student First Name

Student First Name

Student Last Name Gender

Student Last Name Gender

Student Last Name Gender

Student Last Name Gender

Date of Birth

Date of Birth

Date of Birth

Date of Birth

School Currently Attending Grade

School Currently Attending Grade

School Currently Attending Grade

School Currently Attending Grade

Student #

Student #

Student #

Student #

**Residence**

 In a shelter – Name of shelter:

  In a hotel/motel

  In a car

  At a campsite

  Other location not appropriate for living (e.g. abandoned building)

  **TEMPORARILY** with more than one family in a house, mobile home, or apartment because our family

does not have a home of their own

**Current** **address** **/** **location:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(**name of parent/guardian/caretaker or student) **declare** **as** **follows:**

1. I am the parent/legal guardian/student/ or care taker of the aforementioned child/children who is/are of school age. 2. Since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ our family has not had a permanent home or has been placed in my care.

Date

3. If the student/students is/are not living with the parent/legal guardian, please state specific reasons why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I regularly contact and/or receive my mail and may be reached for emergencies:**

Name Phone

Address City / State / Zip

***I*** ***declare*** ***under*** ***penalty*** ***of*** ***perjury*** ***under*** ***the*** ***laws*** ***of*** ***this*** ***state*** ***that*** ***the*** ***information*** ***provided*** ***here*** ***is*** ***true*** ***and*** ***correct*** ***of*** ***my*** ***own*** ***personal*** ***knowledge*** ***and*** ***that,*** ***if*** ***called*** ***upon*** ***to*** ***testify,*** ***I*** ***would*** ***be*** ***competent*** ***to*** ***testify.***

Signature of Student, Parent/Guardian, or Responsible Party Date

**Vestaburg Community School**

**7188 Ave B, Vestaburg, MI 48891**

**Phone 989.268.5353 Fax 989.268.5246**

Student Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Needs

Please indicate your student’s needs. **Transportation:**

**Busing AM** **\_\_\_\_\_\_** **Busing** **PM** **\_\_\_\_\_\_\_** **No** **Transportation** **is** **needed** **\_\_\_\_\_**

If you are currently staying outside of the Vestaburg School District and need transportation, do you have a working vehicle? **Yes** **\_\_\_\_\_** **No** **\_\_\_\_\_**

If you are living outside the Vestaburg School District are you able to provide transportation for your children to and from school? **Yes** **\_\_\_\_\_** **No** **\_\_\_\_\_**

Will your children be staying at their current location for less than **5** **days?** **Yes** **\_\_\_\_** **No\_\_\_\_\_**

**Riding** **the** **bus** **or** **van** **is** **a** **privilege** **not** **a** **right.** **I** **understand** **that** **my** **student** **must** **obey** **the** **rules** **at** **all** **times** **while** **riding** **the** **transportation** **and** **at** **the** **bus** **stop.** **If** **rules** **are** **not** **followed,** **my** **student** **may** **lose** **this** **privilege.**

**It** **is** **the** **parent’s** **responsibility** **to** **contact** **their** **child’s** **school,** **if** **the** **child** **no** **longer** **requires** **transportation** **or** **changes** **addresses.**

Birth Certificate for educational records

School Supplies

Personal Hygiene Products

Winter Coat

Please list any additional needs:

**For School Use Only:**

I certify the above named student is eligible to receive services under the McKinney-Vento Act including participation in the Child Nutrition Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date McKinney-Vento Liaison Signature

Notification sent to Food Service  Staff Initials \_\_\_\_\_\_\_

Tracking form created and emailed  Staff Initials \_\_\_\_\_\_\_

Services Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Contact Date \_\_\_\_\_\_\_\_\_\_\_ Staff Initials \_\_\_\_\_\_\_\_

Follow-Up Contact Date \_\_\_\_\_\_\_\_\_\_ Staff Initials \_\_\_\_\_\_\_\_