## **GARLAND ISD - STUDENT RESIDENCY QUESTIONNAIRE**

## Please fill out this form if you are currently experiencing a hardship and require assistance.

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 and ESSA- Every Student Succeeds Act. The act ensures educational rights and protections for children and youth experiencing homelessness. The answers you provide will help the school district determine the services the family may be eligible to receive.

PLEASE PRINT
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	Student Name:							
STUDENT INFORMATION	Data of Div	Last First Middle						
	Date of Birth: Garland ISD Student ID #:							
ST FD	Garland ISD School (enrolled at or enrolling to):				Grade:			
=	Previous District Attended:			Previous School:				
					• • • • • • • • • • • • • • • • • • • •			
GISD SIBLING INFORMATION	Last Name, First Name		Brother/ Sister (Including Step-siblings)	Age	Grade	School	District (If GISD, ID # only)	
ISD								
U								
	Name:            Email:							
_ Z	Emergency Contact Name: Phone #:							
GUARDIAN INFORMATION	I am the:							
JARI	I am the: □ Parent □ Legal Guardian (Legal guardianship may only be granted by a court. Documentation may need to be provided)							
JO NI	☐ Caregiver/Designated Guardian (Examples: Friends, relatives, parents of friends, etc.)							
	☐ Student (I do not live with my parent(s)/legal guardian)							
	☐ Student in Foster Care (Guardian is a Foster parent/guardian or in Kinshipcare with DFPS via Court docs or Form 2085)							
		□Other:						
Stroo	+ Addross.						/Poom #:	
				Apt. /Room #:				
	ity:			Zip Code:				
		our living situation:						
	-	d a mortgage or lease of an reed-upon living arrangeme	-		-			
	nig-terrii, ag	recu-upon nying arrangemen	iic wicii a iaiiiiy	ilicilik	ci oi iiic	iiu.		
(If ne	ither of thes	e options are applicable, the	en sign below co	ntinue	e to the b	ack of the form. If you	have checked either of	
the a	bove option	s please sign below and turn	in form.)			-		
		senting a false record or falsifying he person to liability for tuition or					ment of the child under false	
	Cianatura of Da	rent / Logal Guardian / Caregiver / Design	natod Custodian /5+d	ont		Data		

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	GARLAND ISD - STUDENT RESIDENCY QUESTIONNAIRE cont'd. Which of the following best describes the student(s) current temporary living arrangement (check one):
z	$\square$ We are staying in the home of a friend or relative.
110	☐ <b>We are staying in an unsheltered location.</b> (Ex: Without running water/electricity, tent, car/truck/van, abandoned
NA.	building, campground, park, multiple families renting rooms/space causing substandard housing conditions, etc.)
SIT	☐ We are staying in a hotel or motel. (Ex: economic hardship, eviction, family problems, living conditions, natural disaster, etc.)
ING	Does the following apply? My homeowners insurance is paying for our stay as part of a filed claim $\Box$ Yes $\Box$ No
\ <u> </u>	☐ We are staying in a shelter. (Ex: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)
CURRENT LIVING SITUATION	☐ <b>We are staying in transitional housing.</b> (Housing that is available as part of a program for a specific length of time
5	only and is partly or completely paid for by a church, nonprofit organization, governmental agency or another organization)
	How long has the student lived in this living arrangement?
	Are you currently able to get your student to and from school?
	Factors contributing to the student(s) present living situation (check all that apply):
CONTRIBUTING FACTORS	Economic hardship:
■ Did 8	CAMPUSES  guardian answer YES to owning/renting their own home/apartment? If so, please keep the questionnaire on campus.  guardian answer NO to owning/renting their own home/apartment? If so, please forward a copy (front/back) by inner-office mail/email askosp@garlandisd.net; at Valle Student Services Center, Box 501/  FOR STUDENT SERVICES USE ONLY  □ I certify the above named student(s) qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.
McKinn	ey-Vento Liaison Signature Date
PEIMS In	ndicator: $\square 2$ $\square 3$ $\square 4$ $\square 5$ UY Indicator: $\square 3$ $\square 4$ Transportation need indicated $\square$ Yes $\square$ No $\square$ <b>DNQ</b>