

GARLAND ISD - STUDENT RESIDENCY QUESTIONNAIRE

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 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

STUDENT
INFORMATION

Student Name: _____
Last First Middle
Date of Birth: _____ Garland ISD Student ID #: _____
Garland ISD School (enrolled at or enrolling to): _____ Grade: _____
Previous District Attended: _____ Previous School: _____



SIBLING
INFORMATION

Last Name, First Name	Brother/ Sister <small>(Including Step-siblings)</small>	Age	Grade	School	District <small>(If GISD, ID # only)</small>

GUARDIAN
INFORMATION

Name: _____
Primary Phone #: _____ Email: _____
Emergency Contact Name: _____ Phone #: _____
I am the: ☐ Parent
☐ Legal Guardian (Legal guardianship may only be granted by a court. Documentation may need to be provided)
☐ Caregiver/Designated Guardian (Examples: Friends, relatives, parents of friends, etc.)
☐ Student (I do not live with my parent(s)/legal guardian)
☐ Other: _____

RESIDENCE
INFORMATION

Street Address: _____ Apt. /Room #: _____
City: _____ Zip Code: _____
How long has the student lived at this address? _____
Student resides in a home/apartment which parent/guardian owns or rents?
☐ YES, you may stop here and sign below. 
☐ NO, please answer the following questions, sign and proceed to the back of this form. 

- Currently moving from place to place? ☐ YES ☐ NO
- In a place that does not have electricity and/or running water? ☐ YES ☐ NO
- In the home of a friend/relative due to loss of housing? ☐ YES ☐ NO

I understand that 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. Texas Education Code Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian/Caregiver/Designated Custodian/Student

Date

GARLAND ISD - STUDENT RESIDENCY QUESTIONNAIRE cont'd.

CURRENT LIVING SITUATION

Which of the following best describes the student(s) current temporary living arrangement (check one):

- ☐ We are staying in the home of a friend or relative.
- ☐ We are staying in an unsheltered location. (Ex: Without running water/electricity, tent, car/truck/van, abandoned building, campground, park, multiple families renting rooms/space causing substandard housing conditions, etc.)
- ☐ We are staying in a hotel or motel. (Ex: economic hardship, eviction, family problems, living conditions, natural disaster, etc.)

Does the following apply? ☐ My homeowners insurance is paying for our stay as part of a filed claim

- ☐ We are staying in a shelter. (Ex: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)
- ☐ We are staying in transitional housing. (Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, nonprofit organization, governmental agency or another organization)

CONTRIBUTING FACTORS

Factors contributing to the student(s) present living situation (check all that apply):

- ☐ **Economic hardship:**
- ☐ Loss of job resulting in inability to pay rent/mortgage
 - ☐ Income from part-time or low paying job does not cover cost of housing in the area
 - ☐ Inability to produce deposits for rent or utilities
 - ☐ High medical bills that leave little or no money for housing
 - ☐ Other
- ☐ **Family problems** (Examples: Divorce, domestic violence)
- ☐ **Living conditions** (Examples: lack of electricity/water/heat, no windows, overcrowding, mold, etc.)
- ☐ **Natural disaster**
- ☐ Tornado, storm, flood, etc.
 - ☐ Hurricane: Name: _____
 - ☐ Fire (Examples: prairie, forest, grass, lightning strike etc.)
- ☐ **Home fire not due to natural disaster** (Examples: faulty equipment /wiring, furnace, fireplace, etc.)
- ☐ **Lack of resources to afford permanent housing**
- ☐ **Lack of affordable housing in the area**
- ☐ **None of the above (briefly explain):** _____

CAMPUSES

- Did guardian answer **YES** to owning/renting their own home/apartment? If so, please keep the questionnaire on campus.
- Did guardian answer **NO** to owning/renting their own home/apartment? If so, please forward a copy (front/back) by email/inner-office mail/fax to: Crystal Benitez, Secretary – cbenite@garlandisd.net/Valle Student Services Center, Box 501/Fax: 972-494-8275

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.

McKinney-Vento Liaison Signature _____

Date _____

PEIMS Indicator: ☐2 ☐3 ☐4 ☐5 UY Indicator: ☐3 ☐4

☐ **DNQ**