Local Educational Agency Name Housing Questionnaire

California Department of Education March 2020

The form should be included at the top page of registration materials that the local educational

agency (LEA) shares with fami	lies.	9						
Student Last Name	First					Middle		
Name of School:								
The information provided below be eligible to receive. This couthe federal McKinney-Vento Asconfidential and only shared w	ld include additiona ssistance Act. The	al educa informa	atio atior	nal services the provided on	nrough this for	Title I, F	Part A and/or	
Presently, are you and/or your	family living in any	of the	follo	owing situation	ns? <i>Che</i>	eck all t	hat apply.	
Staying in a shelter (family Emergency Management A Sharing housing with other adequate housing, or simila Living in a car, park, campulack of water, electricity, or Temporarily living in a mote or similar reason Living in a single-home res I am a student under the again the undersigned parent/g	gency (FEMA) traingles of the second ground, abandoned heat) are noted due to lose of 18 and living a guardian certifies the	ler ousing, I buildir ss of ho anent apart fr	econg, o	onomic hardslor other inade ing, economic parent(s) or g	nip, natu quate a hardsh uardian	ural disa ccomm ip, natu	aster, lack of odations (i.e. ural disaster,	
Print Parent/Guardian Name	Signature	Signature			Date			
(Area Code) Phone Number	Street Address	City				State	Zip	
 Your child or children may hav Immediate enrollment where you are current required at the time of Continue to attend the Receive transportation services, if needed, as Receive the full protect relates to homeless children 	in the school they ly staying, even if y enrollment. For school of origin, to and from their sprovided to all other and services hildren, youth, and	ou do if reque school ner chile provid	not este of o drer ed u	have all the dead by you and origin, the same, including freunder all feder	it is in the species meal	nts norn he best al prog s and T	nally interest. rams and itle I.	
Please list all children currently	/ living with you.	N 4 /	-	Distillation	Oneda		0 - 1 1	
Name		M/F	•	Birthdate	Grade		School	

If you have any questions about these rights, please contact the local homeless liaison, (insert homeless liaison name), by phone at (insert phone number) or by email at (insert email).