

Residency Affidavit for Students in Transition

This affidavit is intended to address requirements of the McKinney-Vento Assistance Act., Title X, Part C of the No Child Left Behind Act. The information below is to assist in determining your student's eligibility services. (Complete for all children from BIRTH to 18 years of age.)

Student(s) Name(s)	Student(s) Dates(s) of Birth	Grade	School
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
Parent/Guardian Name		Parent/Guardian Phone (Day) Circle: Home/Work	
Parent/Guardian Address (Currently Residing)		Emergency Phone	
Parent/Guardian Address (Correspondence/mailings to be sent)		Email	

Presently, are you and/or your family living in any of the following situations:

- In a shelter
- Living with another person or family due to loss of housing or economic hardship
- Living in a motel/hotel
- Unsheltered (car, RV, park, campground, abandoned buildings, or other inadequate housing)
- Unaccompanied youth not living with a parent or guardian

Your child has the right to:

- Continue to attend the school attended before you became homeless.
- Receive support with transportation to the school of origin, (*Board Policy 5.30*).
- Enroll in school without giving a permanent address and attend classes while the school arranges for school transfer, immunization records, or other documents required for enrollment.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Have enrollment disputes quickly addressed.

I declare under penalty of perjury under the laws of California that the information provided here is true and correct and that, if called upon to testify, I would be competent to testify.

Signature of parent/guardian: _____ Date: _____

Print your Name: _____

<u>For School Site Use ONLY</u>	
PLEASE IMMEDIATELY FAX COMPLETED FORM TO THE HOMELESS LIAISON AT 858-679-2630 AND SEND ORIGINAL TO HOMELESS LIAISON AT THE TWIN PEAKS CENTER	
Received By: _____	Date: _____