[](https://www.sysdschools.org/sanysidro)

**PARENT RESIDENCY AFFIDAVIT FORM**

Please PRINT and fill in all information as completely and accurately as possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Last Name | Student First Name | Date of Birth | Grade | School Year: |  |
|  |  |  |  | SCHOOL | |
|  |  |  |  | ❑ PS/CDC ❑ La Mirada ❑ Smythe  ❑ Sunset ❑ OVH ❑ SYMS | |
|  |  |  |  | ❑ Willow ❑ VDM | |
|  |  |  |  | ❑ Inter Transfer ❑ Intra Transfer | |

*This affidavit is intended to address requirements of the McKinney-Vento Act. Your answers will help determine documents necessary to enroll your child quickly and determine their eligibility for services.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Presently, are you or your family in any of the following situations:***  |  | | --- | | ❑ **Emergency or transitional shelter**  ❑  **Hotel or motel**  ❑  **Unsheltered (i.e.: cars, parks, garage, campgrounds)**  ❑  **Temporarily with another person or relatives due to economic hardship or loss of housing (i.e. eviction, inability to pay rent, destruction of home, illness, loss of employment, etc.)**  ❑  **Unaccompanied youth not living with parent or guardian**  ❑  **Substandard housing (i.e.: no water or electricity, health or safety risks)**  ❑  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PARENT/GUARDIAN INFORMATION:**  Name: | | Number: ( ) Cell: ( ) Emergency Number: ( ) | | Address: | | Mailing Address: (if different) | | |
| Your child has the right to:   * Continue to attend the school attended before you were in transition. * Receive assistance with transportation to the school of origin. * Enroll in school without proof of a permanent address or school records normally required for enrollment and attend classes while the school arranges for records transfer, immunization records or other needed items. * Receive the same access to all special programs and services as provided to all other children. * Receive free school meals without filling out required applications.     Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I declare under penalty of perjury under the law of California that the forgoing is true and correct and of my own personal knowledge and that, if called upon to testily, I would be competent to testify thereto.** | |
| **FOR DISTRICT USE:**  **Does the student qualify for special services under the McKinney-Vento Act?** ❑ Yes ❑ No    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Student and Family Services Manager/District Designee |

##### Revised 02/28/22