

**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:***

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| --- |
| ❑ **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) |

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| 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