CROSSROADS
Youth & Family Services, Inc.

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Act 42 U.S.C. 11435. Your answers will help determine documents necessary to enroll your child quickly.

Child's Name: (First Middle Last)_____ ____Male ___ Female

Birthdate: _____

Do you and your child live in a fixed, regular, adequate nighttime residence? ***Yes***___ ***No***___
(If you circled "Yes", stop here. If you circled "NO", please continue with this form.)

Do you and the student live in:

- ☐ shelter
- ☐ motel/hotel
- ☐ temporarily with another family in a house, mobile home, or apartment
- ☐ in a car or RV
- ☐ at a campsite
- ☐ transitional housing
- ☐ other location _____

I am:

- ☐ the parent/legal guardian of the above-named student
- ☐ a qualified adult relative of the above-named student
  (Relationship: _____)

Address of Current Residence: _____
(OR)
Name of Motel/Shelter of Current Residence: _____
(OR)
Name of "General Area of Residence: _____

Phone Number or Contact Number: _____ Name of Contact:_____

I declare the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Staff Signature: _____ Title: _____ Date: _____