



# Washington County School District Student Residency Information

**SCHOOL Data Entry:**

Date: \_\_\_\_\_

Code: R \_\_\_\_\_ U \_\_\_\_\_

Initials: \_\_\_\_\_

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER SCHOOL, and return the survey to your student's teacher. ¿Habla Ud. Español? Por favor doble este papel al otro lado para llenar este estudio.**

How many other children/youth are in your household (even if not enrolled in school)? \_\_\_\_\_

Names of Students Enrolled in School (PK – grade 12) or Adult School (If needed, use an additional sheet of paper.)

School Name: \_\_\_\_\_

\_\_\_\_\_  
Student First Name      MI      Last Name      Birth date      Grade

\_\_\_\_\_  
First Name      MI      Last Name      Birth date      Grade

\_\_\_\_\_  
First Name      MI      Last Name      Birth date      Grade

Parent or Guardian Name (Print): \_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Street      City      State      Zip

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Former Address: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

**Place an "X" in the appropriate box to answer "Yes" or "No."**

QUESTION	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel.			E
5. A child/youth in my home is waiting for foster care placement.			F
6. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian).			Y or N

*If you answered "Yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.*

	YES	NO
1. Have you moved to a new town to find work within the last 3 years?		
2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)?		
3. Is work in agriculture or fishing a major source of income for your family?		

**\*If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.**

- Mortgage Foreclosure (M)       Natural Disaster-Flooding (F)       Natural Disaster-Hurricane (H)  
 Natural Disaster-Tropical Storm (S)       Natural Disaster-Tornado (T)       Natural Disaster-Wildfire or Fire (W)  
 Man-made Disaster (Major) (D)       Do you need health services related to or the means used to control the spread of HIV and other sexually transmitted diseases?  
 Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O)

Directions for school staff: For students with positive responses to questions 1-6, complete data entry in student management program, complete school data entry box to indicate data entry has been completed, make a copy of the form for your records, and then return surveys with any positive responses to: Director of Federal Programs, 652 Third St., Chipley FL 32428.