



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Student Housing Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, U.S.C.A. 42 Section 11302(a). Your answers will help the enrollment office to provide you with information about services for which your child is eligible.

1. Presently, where is the student living? *(Check all that apply in Section A or B):*

Section A		Section B
<input type="checkbox"/> In a shelter	<input type="checkbox"/> In a motel or hotel	<input type="checkbox"/> Choices in Section A do not apply <i>If parent/guardian has checked Section B above, completion of this form is not required.</i>
<input type="checkbox"/> In a transitional housing program	<input type="checkbox"/> In a rented garage	
<input type="checkbox"/> In a car, trailer or campsite	<input type="checkbox"/> Foster child awaiting placement	
<input type="checkbox"/> In a rented trailer/motor home on private property	<input type="checkbox"/> In a SRO building (single room occupancy)	
<input type="checkbox"/> Temporarily in another family's house or apartment due to loss of housing		
<input type="checkbox"/> Temporarily with an adult that is not the parent/legal guardian due to loss of housing		

Student Last Name		First Name		School
DOB	Age	Grade	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Parent/Guardian Name		Contact Number		
Address	City		Zip	
Signature of Parent/Guardian		Date		



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Cuestionario de Residencia del Estudiante

Este cuestionario está previsto para consignar el Decreto McKinney-Vento, U.S.C.A. 42 Sección 11302 (a). Sus respuestas ayudarán a la oficina de inscripción para ofrecerle información sobre los servicios para su hijo.

1. Actualmente, ¿Dónde vive el Estudiante? *(Seleccione todas las respuestas que apliquen en secciones A ó B)*

Sección A		Sección B
<input type="checkbox"/> En un hotel o motel	<input type="checkbox"/> En un albergue	<input type="checkbox"/> Opciones en la Sección A no aplican <i>DETENGASE: Si usted ha seleccionado esta opción, no necesita completar el resto de la forma. Entregue esta forma al personal de la Escuela.</i>
<input type="checkbox"/> En un programa de hogar transitorio	<input type="checkbox"/> En un edificio con COI (Cuarto de Ocupación Individual)	
<input type="checkbox"/> En un auto, trailer o campamento	<input type="checkbox"/> En una cochera rentada	
<input type="checkbox"/> En un trailer/casa-trailer rentado, dentro de una propiedad privada		
<input type="checkbox"/> Estudiante en espera de Cuidado Adoptivo (<i>Foster Care</i>)		
<input type="checkbox"/> Temporalmente, con un adulto que no es el Padre/Madre o Guardián Legal debido a la pérdida de la casa propia		
<input type="checkbox"/> Temporalmente, en la casa o apartamento de otra familia debido a la pérdida de la casa propia		
CONTINUE: Si usted ha seleccionado alguna de estas opciones, complete el resto de esta forma.		

Nombre del Estudiante		Escuela	
DOB	Edad	Grado	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del Padre/Guardián legal		Contacto Teléfono	
Dirección	Ciudad		Código Postal
Firma del Padre/Guardián Legal/Tutor		Fecha	



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Student Housing Questionnaire

If Parent/Guardian checks off any box in Section A, School personnel should give parent/guardian "Homeless Student Services Form" to complete. Both "Homeless Student Services Form" and "Student Housing Questionnaire" should be faxed to Pupil Services at (310) 451-1667.

School to complete:

Forms to use:

- Homeless Student Services Form** – Parent/guardian must complete if parent/guardian has checked any box in Section A; enrollment personnel will fax form to Pupil Services at (310) 450-1667
- Affidavit of Temporary Residence** – Parent/guardian must complete (Student and parent/guardian live doubled up with another family, in a car, from place to place – unable to provide verification)
- Caregiver Affidavit** – Caretaker must complete (Student lives with an adult that is not the parent or legal guardian)
- Other** _____

Grade Level:

- K-5 6-8 9-12 Other (i.e. Adult Education) _____

- Enrolled in the free breakfast/lunch program** (Per FDA, all homeless children qualify for the free nutrition program)
- Needs assessment completed and appropriate referrals made.**
- "Homeless Student Services Form" completed & faxed to Pupil Services.**

Possible barriers to education:

- School Selection Transportation School Records Immunizations or other medical records Clothing/Uniforms
- Child Care Other _____

Eligible for any of these educational and school related activities and services:

- Special Education (IDEA) English Language Learners (ELL) Gifted & Talented Vocational Education
- After School Program/Tutoring Other _____

Proposed Services to be provided:

- Transportation Coordination between schools and agencies Assistance with participation in school programs
- School supplies Parent Education related to rights/resources Clothing to meet a school requirement
- Parent contact Professional staff development/awareness Medical, dental & other health service referral
- Counseling Early childhood programs Before/after school, mentoring, summer programs

Name and phone number of School Personnel who knows of the family situation:

Name	Title	Phone
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