

Volusia County Schools

SCHOOL Data Entry:

Date: _____

Initials: _____

Student Residency Information

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ 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 family, and return the survey to your student's school (registrar or teacher).

How many 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.)

_____ / ____ / ____
 First Name MI Last Name Birth date Grade School

_____ / ____ / ____
 First Name MI Last Name Birth date Grade School

_____ / ____ / ____
 First Name MI Last Name Birth date Grade School

Parent or Guardian Name (Print): _____

Street Address (Location of housing): _____

Mailing Address: _____
 Street City State Zip

Telephone: _____ Cell phone: _____ Work phone: _____

Length of time at this address: _____ Former Address: _____

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Hurricane (H) |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire or Fire (W) |
| <input type="checkbox"/> Man-made Disaster (Major) (D) | <input type="checkbox"/> Natural Disaster-Earthquake (E) | |
| <input type="checkbox"/> 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) | | |

Parent or Guardian Signature: _____

Date: _____

Directions for school staff: For students with positive responses to questions 1-6, complete data entry in Cross Pointe on page S316, complete school data entry box on this form to indicate data entry has been completed and then place the original in the cumulative record.