

All information obtained for this purpose will remain confidential. One form per student enrolled is required.

**HARDIN-JEFFERSON INDEPENDENT SCHOOL DISTRICT
STUDENT RESIDENCY QUESTIONNAIRE
Page 1 of 2**

Name of student: _____ Gender: ____ DOB: _____

Campus Attending: _____ Grade: _____ Age: _____

- Yes No Is your current address a temporary living arrangement?
 Yes No Is your temporary living arrangement due to loss of housing or economic hardship?

If you answered NO to both of the questions above, DO NOT complete the rest of this form. Sign and submit the form.

If you answered YES to either of the questions above, proceed to Section A, complete the rest of the form.

Section A - Student Living Situation (Check all that Apply)

<input type="checkbox"/>	Live with parent/legal guardian in a home, apartment, or housing and does not share home with any other family
<input type="checkbox"/>	Live in a shelter because I do not have permanent housing (family shelter, domestic violence shelter, children/youth shelter, FEMA housing), includes living in transitional housing (housing available for a specific length of time only and partly paid by a Church or other organization).
<input type="checkbox"/>	Live in the home of a friend or relative because I lost my housing (doubled up due to economic hardship, fire, flood, lost job, divorce, domestic violence, parent in military and was deployed, parent in jail, etc.)
<input type="checkbox"/>	Live in a tent, car, van, abandoned building (living on the streets, campground, park, or unsheltered location), includes living without electricity, heat, and/or running water in a home/apartment.
<input type="checkbox"/>	Live in hotel or motel (due to economic hardship, eviction, flood, fire, hurricane, etc.)
<input type="checkbox"/>	Unaccompanied Youth (student is not living in the home of a parent or legal guardian)
<input type="checkbox"/>	Child or youth placed by DFPS with a temporary guardian (DFPS provided a Parental Child Safety Plan or Authorization for Non-Parent or Voluntary Caregiver)
<input type="checkbox"/>	None of these describe my present living situation. Briefly describe your situation:

Section B – Factors contributing to the student’s current living situation (Check all that apply):

<input type="checkbox"/>	Natural disaster
<input type="checkbox"/>	Tornado, storm, flood, etc
<input type="checkbox"/>	Hurricane, name: _____
<input type="checkbox"/>	Fire: prairie, forest, grass, lightning strike, etc.
<input type="checkbox"/>	Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
<input type="checkbox"/>	Home issue such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
<input type="checkbox"/>	Military: Parent/guardian deployed, injured or killed in action
<input type="checkbox"/>	Incarceration of parent/guardian
<input type="checkbox"/>	Incarceration of parent or guardian due to health, mental health, drugs/alcohol, or other factors
<input type="checkbox"/>	Home fire not due to natural causes (i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.
<input type="checkbox"/>	Economic hardship:
<input type="checkbox"/>	Loss of job resulting in inability to pay rent or mortgage
<input type="checkbox"/>	Income from part-time or low paying job does not cover cost of housing in the area
<input type="checkbox"/>	Lost of mortgage, including loss of mortgage of landlord is student/student's family is renting
<input type="checkbox"/>	Eviction record and/or inability to produce deposits for rents or utilities
<input type="checkbox"/>	High medical bills that leave little or no money for housing
<input type="checkbox"/>	Lack of affordable housing in the area
<input type="checkbox"/>	Minor student unable to afford housing on my own
<input type="checkbox"/>	None of the above describe the main reason for my present living situation. Briefly explain the contributing factors:

Section C – Parent/Legal Guardian/Caregiver/Unaccompanied Youth

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to Student: _____ Address: _____ Zip: _____

Telephone: _____

Student's length of time at present address:

_____ Years _____ Months _____ Days Number of children enrolled in district: _____

Please provide the following information for school-age siblings (brother and/or sisters) of the student:

Name: _____ Grade: _____ School: _____

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____