



Leon County School District

2757 West Pensacola Street * Tallahassee, FL 32304 * Phone 850-487-7226*www.leonschools.net

2020-2021 Student Residency Questionnaire

Section A: Housing is Fixed, Regular, and Adequate

Please **DO NOT** complete this form, if you currently:

- Rent/own your home OR Live with someone by choice (not due to financial hardship)

Section B: Housing is NOT Fixed, Regular, and Adequate (Complete all sections below and return to school)

Student(s) Current Nighttime Residence:

- ☐ In an emergency/transitional shelter (A)
- ☐ Temporarily with another family due to loss of housing, economic hardship, or similar reason (B)
- ☐ In a vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)
- ☐ In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

How long have you been at this temporary residence? _____

Cause of Temporary Residence:

- ☐ Foreclosure (M)
- ☐ Natural Disaster Type: Circle One
Earthquake, Flood, Hurricane, Tornado
Tropical Storm, Wildfire/Fire
- ☐ Other: (Please Explain) _____

Example: Lack of affordable housing, long term poverty, unemployment, domestic violence, eviction, mental illness, lack of health care

Section C: Student Information (All LCS students including pre-school children living together as indicated above)

Student Name	Student ID#	M/F	DOB	Grade	School

Current Street Address: _____ City: _____ Zip: _____

Contact Phone Number: _____ Email: _____

Name of Parent(s) / Legal Guardian(s): _____

Section D: Unaccompanied Homeless Youth Must Complete This Section (U)

☐ Student is living with an adult that is not a parent or legal guardian.

Caregiver Name: _____

Relationship to student: _____ Phone: _____

☐ Student is living alone without an adult.

How long has the student been living alone? _____

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).

***If Transportation is needed, call 850-487-7226 and check this box.

☐

☐ Please check if you allow this information to be released to social service agencies for possible assistance. Expires 6/30/21

The undersigned certifies that the information provided is accurate.

Signature of Parent/Legal Guardian (OR) Unaccompanied Homeless Youth

Date

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

*Forward a copy of this form to the Families in Transition Office via county mail. Maintain original is in student's cumulative file

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. For questions regarding this form, please call the FIT office at 487-7226.