



Bethel Public Schools
516 176th St E
Spanaway, WA 98387
(253) 683-6000

Student Residency Affidavit Form

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

1. Where are you and your family currently staying?

Section A (Check one box)

- Rent/own my own home
- Have a fixed, regular, and adequate nighttime residence

STOP: If you checked the above, sign under item 6 and submit form to school personnel.

Section B

- Temporarily with another family due to the loss of housing, economic hardship or similar reason.

How long have you lived at present address? _____

How long are you planning to live at present address? _____

Do you have plans to look for permanent housing in Bethel S.D.? _____

Do you have plans to look for permanent housing in the area of your child's school of origin? _____

- With an adult that is not a parent or legal guardian, or alone without an adult.
- In a hotel/motel.
- In a vehicle of any kind, trailer park or campground, abandoned building or substandard housing.
- In an emergency/transitional shelter.
- Awaiting Foster Care placement
- Other _____

Ethnicity:

- African American
- Asian
- Caucasian
- Hispanic
- Native American
- Other

2. If you checked a box in section B, your child/children may be eligible for additional educational services through Title X, Part C – Federal McKinney-Vento Assistance Act.

Student(s) Name		M/F	D.O.B.	(Optional)	Grade	School Name
First	Last			Ethnicity		

3. Do you have preschool age children?

Student(s) Name		M/F	D.O.B.	(Optional)	Age	School Name
First	Last			Ethnicity		

4. A. What school did your student attend when permanently housed? _____

B. What school District was that school in? _____

C. How long did your student go to that school? _____

5. A. Has your child been in any special programs? _____

B. Does your student have a current Individual Educational Plan (I.E.P.)? _____

6. Do you have any safety concerns for your student or family? _____

I understand that false information provided by us may subject us to legal penalties for perjury. I certify that the information provided here is true and correct. I also understand that the school district may seek to verify that this is a true statement and if not, the student will be removed from Bethel School District to enroll in their resident district.

Parent/Guardian Name/Adult Caring for Student _____ Signature _____ Date _____

Street Address _____ City _____ State _____ Zip _____ (Area Code) Phone number _____

This will be reviewed at 90-day intervals

Date: _____ Counselor/Social Worker Signature: _____

Comments: _____

SCHOOL DISTRICT USE ONLY

_____ Student **covered** by McKinney-Vento Act
_____ Student **not** covered by McKinney-Vento Act
_____ Follow-up Required

- Free Meals
- Form Completed/submitted
- Database completed

- Transportation
 - Regular neighborhood route
 - District transportation
 - Bus Pass
 - Gas Card

Liaison Signature: _____

Date: _____