

# Student Housing Survey Form

School Name \_\_\_\_\_ School District \_\_\_\_\_

**Your child may be eligible for additional educational services depending on your housing situation. Additional services and rights include the right to stay at the same school even if you move and access to free meals at school. Eligibility can be determined by completing this questionnaire.**

This form is to learn more about your family's current housing situation. Please begin by signing and completing your contact information. Your signature indicates that you have completed this form to the best of your knowledge.

Print Parent/Guardian Name/Adult Caring for Student \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Area Code) Phone number \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1. Where do you and your family currently live? Check only one box.**

**Section A**

Live in my own home (rent or own) with immediate family (spouse/partner, children, parents).

**STOP: Please return this form without completing the remaining sections.**

**Section B**

- Temporarily with another family
- With an adult that is not a parent or legal guardian
- Rent in a temporary space (for example: motel, hotel, trailer park or campground)
- In a place that lacks running water or electricity
- In a temporary shelter or other temporary housing
- Other (please note): \_\_\_\_\_

**CONTINUE: If you checked a box in Section B, complete the remainder of this form.**

**2. If you checked a box in Section B, your child(ren) may be eligible for additional support. Please list their information below.**

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

**3. You may be contacted by a member of your school system's educational support staff. Please check the box below if you do NOT wish to be contacted.**

No, please do not contact me.