## **Local Educational Agency Name Housing Questionnaire**

California Department of Education
March 2020

The form should be included at the top page of registration materials that the local educational agency (LEA) shares with families.

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Student Last Name	First			Middl	Middle		
Name of School:				1			
The information provided below be eligible to receive. This coult the federal McKinney-Vento Associated and only shared with the second confidential and the second confidenti	d include additiona ssistance Act. The	al educatio informatio	onal services tl n provided on	nrough <sup>-</sup> this forr	Γitle I, F	Part A and/or	
Presently, are you and/or your	family living in any	of the foll	owing situation	ns? <i>Che</i>	eck all t	hat apply.	
Emergency Management A Sharing housing with other( adequate housing, or simila Living in a car, park, campo lack of water, electricity, or Temporarily living in a mote or similar reason Living in a single-home resi I am a student under the ac The undersigned parent/g	s) due to loss of hear reason pround, abandoned heat) el or hotel due to lo dence that is permuje of 18 and living a cuardian certifies the	ousing, ecd building, ss of hous nanent apart from the info	or other inade sing, economic parent(s) or g	quate a hardsh uardian	ccomm ip, natu	odations (i.e. ıral disaster,	
Print Parent/Guardian Name	Signature	accurate. Signature		Date			
(Area Code) Phone Number	Street Address	City	/		State	Zip	
Your child or children may have	e the right to:						
Immediate enrollment in the you are currently staying, e of enrollment. Continue to attend their sch Receive transportation to a if needed, as provided to al Receive the full protections homeless children, youth, a	ven if you do not he nool of origin, if request of the notation of the notatio	ave all the uested by ol of origin cluding free	you and it is in the same spee meals and T	ormally n the be ecial pro itle I.	require st inter grams	d at the time est. and services,	
Please list all children currently	iving with you.	N / / -	Dinth data	One de		Cabaal	
Name		M/F	Birthdate	Grade		School	

If you have any questions about these rights, please contact the local homeless liaison, (insert homeless liaison name), by phone at (insert phone number) or by email at (insert email).