

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT/REFERRAL Monterey Peninsula Unified School District SCHOOL YEAR 2020-2021

This document is required by California Department of Education & McKinney-Vento Assistance Act for every student on a yearly basis.

Scho	ool: _						ID#:
Nam	ne of s	Student:					
			Last	First	Mie	ddle Initial	
Sex	F□	Μ□	Birth Date			Age:	Grade:
16 4		at has siblings in		nth / Day / Year		l all athar shildren (accord)	2)
			the School District please provide their i				
Student Name:							
Student Name:							
							s the station may be engine to receive.
1.	vve a		ving in: (check all that ap other family due to finan				
		Renting	-	(120)			
	П	-	ends or family members		(120)		
	□ Motel/hotel				(120)		
	П	-		e warming or transi	. ,	g program	(100)
	 Shelter (family, domestic violence, warming, or transitional living program (100) A car, RV, campsite, trailer park, living on the street, garage, shed or closet, boat (130) 						· · /
	 With no water, or no heat, or no electricity, moving from Other location				-		(130)
					-	-	(190)
							his box is marked go to the
		question		partment, condomin	ium, town	11003e (200) (1) 1	ins box is marked go to the
2.			address a temporary livit Yes in foster care, temporary Yes	ا foster care, or awaiti	No	 are placement?	ss of housing?
•	T I		······································				
3.			ves with: (check all that a	рріу)		2 mananta	
		parent	al an ath an adult (Dalation			2 parents	
			nd another adult (Relation):)			d(s), or other adult(s)
		guardian				another family o	
	⊔a	n adult wi	no is not the parent or gu	ardian		other	
4.	l am:	□ the p	arent/guardian of the ab	ove-named student			
	I am: □ the parent/guardian of the above-named student □ an adult relative of the above-named student (Relationship:)						
			uthorized caregiver (comp				/
Name	e of Pa	arent(s)/L	egal Guardian(s)				
Address			2	Zip	Phone		
Prese	ntina d	a false reco	rd or falsifyina records is an	offense under Section 3	37.10, Penal	code, and enrollm	ent of the child under false docume
	-	-	liability for tuition or other o			,	,, ,
Signature of Parent/Legal Guardian:						Date:	
0							

School staff: Please immediately send this completed, original form to Carlos Díaz at the Family Resource Center. Juan Cabrillo 1295 La Salle Ave., Seaside If questions, please call (831) 392-3928. Thank you.