



Torrance Unified School District

2335 PLAZA DEL AMO
 P. O. BOX 2954
 TORRANCE, CALIFORNIA 90509-2954
 TELEPHONE (310) 972-6500
 www.tusd.org



Student Residency Questionnaire

This form is intended to address the Mc Kinney Vento Act 42. USC. 11435 and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the students housing in order to help determine any services the student may be eligible to receive.

By signing this form, I declare under penalty of the laws of the state of California that the foregoing is true and correct. In addition, I understand that the district reserves the right to verify any listed residence information.

 Parent/Guardian or Unaccompanied Youth Name Parent/Guardian or Unaccompanied Youth Signature Date

Student Name			
Last	First	Middle	
DOB	Address		Phone
Is the student unaccompanied? Y N		Is the student a runaway? Y N	

Please identify the student's current living arrangements by checking the ONE box that best describes the nighttime residence:

Check the ONE option that best describes your nighttime residence:		
Check	Nighttime Residence	CODE
<input type="checkbox"/>	Temporarily Doubled up (e.g. with another family or other person <i>because of loss of housing or as a result of crisis economic hardship</i> , temporarily with an individual or adult that is NOT the parent/legal guardian, loss of job, eviction, or natural disaster)	120
<input type="checkbox"/>	Shelter (emergency or transitional shelter)	100
<input type="checkbox"/>	Hotel/Motel (living in what is not an emergency or transitional shelter and involves payment due to the lack of alternative adequate accommodations)	110
<input type="checkbox"/>	Other Temporary Living Situation due to loss of housing, financial crisis (e.g. Trailer park with no hookups, campground, park, public places, abandoned building, street or any other inadequate living space)	130
<input type="checkbox"/>	NONE OF THE ABOVE APPLY , We have permanent and adequate housing or am in relocation housing due to an employment move (Personal residence is owned/rented house or Apartment suitable for living)	<i>DO NOT CODE</i>

*****Schools:** If this form is filled out at the school site to establish eligibility, please scan & email to FWEC@tusd.org.

OFFICE USE ONLY:

Student Eligible for McKinney Vento: Y N _____
Name Title Phone #
 Entered Date _____ Name _____ Nutrition Services notified

SCHOOLS: McKinney Vento eligible students should be provided free meals beginning on the first day of enrollment.