

## **STUDENT RESIDENCY STATEMENT (SRS)**

Parent/Guardian/Unaccompanied Youth Name:		Phone Number:	
Student Name (PLEASE PRINT):		Birth Date:	Grade:
School:		Date:	
Please list all of YOUR other preschool and school	ol-aged children c	urrently living with you (P	LEASE PRINT):
Name:	Birth Date:	School:	
Name:	Birth Date:	School:	
Name:	Birth Date:	School:	
Information provided on this form is confident	tial.		
<ul> <li>Sharing the housing of other persons due t</li> <li>Loss of housing, economic hardship of Explain:</li> <li>Long-term, cooperative living arranger</li> <li>Other (please specify):</li> <li>In a motel, hotel, campground or similar standard accommod</li> <li>A convenient living arrangement or wath through MUST, Center for Family Resourt</li> <li>Have a primary nighttime residence that is accommodation for humans</li> <li>In cars, parks, public spaces, abandoned bt</li> <li>None of the above</li> </ul>	r a similar reason ( ment to save mone etting due to: (che odations, explain: aiting for apartmen as domestic violer rces or other shelte s a place not design	ey or a similar reason ck one) nt or house to be ready nee or homeless shelters or r or agency ned for or ordinarily used a	transitional housing as a regular sleeping
2. How long do you anticipate living at this locati	ion?		
Current Address:		City & Zip:	

3. Check to indicate receipt of the Information on the McKinney-Vento Homeless Assistance Act (Form JBC(1)-5 on this date via attachment to this form, which is also located at the local school or on the District's website at www.cobbk12.org.

Students living in some transitional situations may qualify as homeless. Eligibility is determined by the District's Homeless Education Program (HEP) office staff and must be renewed each school year.

The completed form should be given to the appropriate school staff member who will use the information to submit a McKinney-Vento referral to the Homeless Education Program office.