Cucamonga School District

8776 Archibald Ave., Rancho Cucamonga, CA 91730
(909)987-8942 FAX (909)980-3628

Date:__/__/__

Student Residency Questionnaire

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the *No Child Left Behind* Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

Student Name:_____ DOB ___/___/___

 Last   First   Middle Initial

□ Male   □ Female   Permanent ID Number:_____   School (Circle One): CES   LA   RCMS   TOCS

Contact Person:
Print name and relationship to student_____

Address_____City_____Zip_____ Cell Phone# _____

Email Address:_____

1. Where is the student currently living? *(Check One Only)*

 □ In a permanent residence, **OR**

STOP: If you checked the box above you do NOT need to complete the remainder of this form. Simply sign and date in the spaces provided near the end of the page. Thank you.

The Student is *TEMPORARILY* living:
 □ In a shelter
 □ With more than one family in a house or an apartment because of **Financial Hardship**
 □ Foster Youth
 □ Unaccompanied Youth

2. The student lives with:

 □ One Parent
 □ Two parents
 □ One parent and another adult
 □ A relative, friend(s), or other adult(s)
 □ An adult who is not the parent or the legal guardian
 □ Alone with no adults

Please list all household members and age

Name	Age	Name	Age

I certify under penalty of perjury that I am a resident of the Cucamonga School District, and the information I submitted in support of my child's enrollment is complete and accurate.

I understand that my child may be withdrawn from his or her assigned school if incomplete, inaccurate or false information is provided.

Signed under penalty of perjury this _____ day of _____.

_____   _____/_____/_____
Signature   Date

RESIDENT VERIFICATION/ FOR OFFICE USE ONLY
One of the following documents must be provided

Property Tax payments, Escrow documents	**Voter Registration**
Rental property contract, lease, or payment receipts **OR**	**Correspondence from a government agency**
Utility Service contract, statements, or payment receipt	**Declaration of residency executed by the parent or**
Pay Stub	**legal guardian of the student**

If section "TEMPORARILY" is checked, forward a copy of this form to Pupil Services along with any other NECESSARY forms and enroll student. "Enrollment" means student is attending in classes.

CWA: Revised 8/2020