



# ANACORTES SCHOOL DISTRICT #103

2200 M Avenue  
Anacortes WA 98221  
360-293-1200

## Student Housing Questionnaire

Please use one form per student. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

NAME OF STUDENT: \_\_\_\_\_  
FIRST MIDDLE LAST

NAME OF SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

GENDER:  MALE  FEMALE

CURRENT HOME ADDRESS: \_\_\_\_\_

CURRENT PHONE NUMBER: \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK)

CURRENT E-MAIL ADDRESS: \_\_\_\_\_

\*\*Is the address and/or phone number new information for your student?  Yes  No

**Students from Military Families Data Collection:** (You are not required to answer these questions.)

School Districts are required to acquire information on Military affiliations per Substitute Senate Bill 5163 2015.

- 1. Is this student living with a parent/guardian who is active duty in the U.S. Military?  Yes  No
- 2. Is this student living with a parent/guardian who is a member of the reserves of the United States Armed Forces or the Washington National Guard?  Yes  No

**Your student may qualify for services under the McKinney-Vento Act 42 U.S.C. 11435. The answers to the following questions will help determine if your student is eligible for those services.**

- 3. Is this student's current address a temporary living arrangement, other than a rental?  Yes  No
- 3a. If this is a temporary living arrangement, is it due to a loss of housing or economic hardship?  Yes  No
- 4. Is this student in a temporary foster care placement or awaiting foster care?  Yes  No
- 5. As a student, are you living with someone other than your parent or legal guardian?  Yes  No

If you answered YES to questions 3-5, please complete the remainder of this form.  
If you answered NO to questions 3-5, you may stop here.

\*\*\*\*\*  
**If you answered "Yes" to questions 3-5, is the address listed above any of the following? (check 1 box)**  
*(No signature required for questions 1-2)*

- A motel/hotel
- A shelter
- More than one family living in the house/apartment
- Moving from place to place
- Group home
- Transitional housing
- Foster care (waiting for permanent placement)
- In a location not designed for sleeping accommodations such as a car, park or campsite

NAME OF MOTEL/SHELTER OF CURRENT ADDRESS: \_\_\_\_\_

**(OR)**  
NAME OF "GENERAL AREA" OF CURRENT ADDRESS: \_\_\_\_\_

MAIN CONTACT PERSON FOR THIS STUDENT: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.**

Print name of parent(s)/legal guardian(s): \_\_\_\_\_  
*(or unaccompanied youth)*

Signature of parent(s)/legal guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
*(or unaccompanied youth)*