

Student Residency Information



This survey is intended to address the requirements of the Every Student Succeeds Act: Title X/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. Completion of the form has no bearing on a student's eligibility for admission to P.K. Yonge.

Developmental Research School
at the University of Florida

How many other children/youth are in your household (even if not enrolled in school)? _____

Name of Student to be Enrolled:

(Last) _____ (First) _____ (MI) _____ Birthdate _____ Grade _____ School _____

Other Children/Youth in Your Household (even if not enrolled in school):

(Last) _____ (First) _____ (MI) _____ Birthdate _____ Grade _____ School _____

(Last) _____ (First) _____ (MI) _____ Birthdate _____ Grade _____ School _____

Parent/Guardian Name (Last) _____ (First) _____

Home Address _____ City _____ ST ____ Zip _____

Mailing Address _____ City _____ ST ____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Length of Time at this Address: _____ Former Address: _____

Place an X in the appropriate box to answer "Yes" or "No"

QUESTION	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel.			E
6. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian).			Y or N

If you answered "Yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.

1. Have you moved to a new town to find work within the last 3 years? YES NO

2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)? YES NO

3. Is work in agriculture or fishing a major source of income for your family? YES NO

***If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.**

- Mortgage Foreclosure (M) Natural Disaster-Flooding (F) Natural Disaster-Hurricane (H)
 Natural Disaster-Tropical Storm (S) Natural Disaster-Tornado (T) Natural Disaster-Wildfire or Fire (W)
 Man-made Disaster (Major) (D) Natural Disaster-Earthquake (E)
 Other - i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O)

Parent/Guardian - PRINT Name: _____

Parent/Guardian Signature: _____ Date: _____