



**AFFIDAVIT OF RESIDENCY FORM**  
(Appendix 17)

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

Are you an Unaccompanied Youth?  **Yes** – The student is with an adult that is not a parent or legal guardian or is alone without an adult.  
 **No** - The student does not meet the definition of “Unaccompanied Youth.”

Are you living in any of the following situations?

Yes	No	Code	Definition
<input type="checkbox"/>	<input type="checkbox"/>	A	Living in emergency or transitional shelters, FEMA Trailers, abandoned in hospitals.
<input type="checkbox"/>	<input type="checkbox"/>	B	Sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.
<input type="checkbox"/>	<input type="checkbox"/>	D	Living in cars, parks, temporary trailer parks, or campgrounds due to the lack of alternative adequate accommodations, public spaces, abandoned buildings, substandard housing, bus or train stations, public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.
<input type="checkbox"/>	<input type="checkbox"/>	E	Living in hotels or motels.
<input type="checkbox"/>	<input type="checkbox"/>	F	Awaiting foster care.

If you answered **YES** to any of the above, then your preschool-aged and school-aged children have certain rights, protections, and services under the No Child Left Behind Act: Title X, Part C. Please complete the information below.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Legal Guardian/Caregiver: \_\_\_\_\_

Since \_\_\_\_\_ I/we have not had a permanent home; however, I/we have been residing within the  
Date

Charlotte County Public School District boundaries and intend to remain there. I receive my mail and can be contacted at:

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

I can be reached for emergencies at: \_\_\_\_\_

I will notify the McKinney-Vento Liaison at (941) 255-7480 within five (5) working days of any change in my residence or the residence of the above mentioned child.

**Parent/Guardian/Caregiver/Unaccompanied Youth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CCPS Staff Member Signature: \_\_\_\_\_ School Initials: \_\_\_\_\_

**I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**McKinney-Vento Liaison Signature**

PLEASE FAX TO THE FAMILIES FIRST OFFICE UPON COMPLETION @ (941) 255-7483