



Student Housing Form

SID# _____

Student Name: _____ ☐ Male ☐ Female
First Middle Last

School: _____ Grade: _____

Siblings Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____

The answers to this residency form are confidential and help determine the services the student may be eligible to receive.

➔ Is your current address temporary? ___ Yes ___ No

➔ Is this temporary living arrangement due to loss of housing or economic hardship? ___ Yes ___ No

➔ Where does the student sleep at night? (Please check one box.)

- ☐ In a motel/hotel
- ☐ In a shelter
- ☐ Sharing housing (doubled-up) with friends or relatives
- ☐ Temporary foster care (awaiting placement)
- ☐ Transitional housing
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations (car, park or campsite)
- ☐ Other _____

The following information is required of all Parents/ Guardians

Parent(s)/Legal Guardian(s): _____
Print Name

Address: _____
Street Address City State Zip

Phone Numbers: _____ / _____ / _____
Home Work Cell

Person filling out form: _____ Date _____
Print Name Signature

This form is intended to address the requirements of the McKinney-Vento Act 42 U.S.C. 11435. The questions on this form assist in determining if the student meets the eligibility criteria for services provided by the Everett Public Schools KIT (Kids In Transition) Program. Presenting a false record or falsifying records is an offense under Section WAC 148-120-100 (7).