

## STUDENT RESIDENCY STATEMENT (SRS)

Parent/Guardian/Unaccompanied Youth Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Name (PLEASE PRINT): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Please list all of YOUR other preschool and school-aged children currently living with you (PLEASE PRINT):

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

**Information provided on this form is confidential.**

1. Do you live in any of these following situations?

- Sharing the housing of other persons due to: (check one)
  - Loss of housing, economic hardship or a similar reason (example: evicted from home, etc.)  
Explain: \_\_\_\_\_
  - Long-term, cooperative living arrangement to save money or a similar reason
  - Other (please specify): \_\_\_\_\_
- In a motel, hotel, campground or similar setting due to: (check one)
  - Lack of alternative adequate accommodations, explain: \_\_\_\_\_
  - A convenient living arrangement or waiting for apartment or house to be ready
  - Other (please specify): \_\_\_\_\_
- In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing through MUST, Center for Family Resources or other shelter or agency
- Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
- In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- None of the above

2. How long do you anticipate living at this location? \_\_\_\_\_

Current Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

3.  Check to indicate receipt of the Information on the McKinney-Vento Homeless Assistance Act (Form JBC(1)-5 on this date via attachment to this form, which is also located at the local school or on the District's website at [www.cobbk12.org](http://www.cobbk12.org).

Students living in some transitional situations may qualify as homeless. Eligibility is determined by the District's Homeless Education Program (HEP) office staff and must be renewed each school year.

For more information contact the HEP office at 678-503-0173.

Completed forms should be faxed to the HEP office at 678-594-8563 or scanned and emailed to [HEP@cobbk12.org](mailto:HEP@cobbk12.org).

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Did the enrolling adult also complete Form JBC-2 (Statement of Legal Residence)?  Yes  No  
Did the enrolling adult also complete Form JBC-14 (Kinship Caregiver Affidavit)?  Yes  No

Name of local school staff person referring student(s) (PLEASE PRINT): \_\_\_\_\_

Date this form faxed to the HEP office: \_\_\_\_\_

