



Housing Questionnaire

The answers to the following questions will help determine the services you and/or your child(ren) may be eligible to receive under the federal McKinney-Vento Assistance Act 42 U.S.C. 11435 and Title I, Part A. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Student Name (First and Last): _____ Date of Birth: _____

School: _____ Grade: _____

SECTION 1

☐ Check here if you own your home or have a rental agreement.

☐ Check here if you are in a shared living situation that is **NOT** due to economic hardship. (You may be asked to provide an Affidavit of Non-Permanent Residence Form with your enrollment.)

If you checked one of the boxes above, you may stop here, you do not need to complete section 2 of this form.

SECTION 2

At this time, are you and/or your family living in any of the following situations due to **economic hardship, loss of housing, inadequate accommodations, natural disasters, or similar reasons**? Please note that the information provided below will help EGUSD determine what services you and/or your child may be eligible to receive. **Check all that apply.**

- ☐ Sharing a house or apartment **due to economic hardship (for example job loss, loss of housing/eviction)**
- ☐ Moving from place to place / couch surfing
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations.
- ☐ Hotel or Motel
- ☐ Shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- ☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
- ☐ I am a student that is age 18 or younger and living apart from parent(s) or guardian(s)

Where did you stay last night? Current Address (or nearest cross streets): _____

Phone/Cell: _____ Email: _____

The undersigned parent/guardian confirms that the information provided above is correct and accurate.

Parent/Guardian Name*: _____ Signature: _____ Date: _____

** Unaccompanied youth (youth who are not in the care or custody of a legal parent/guardian) may also provide their name, sign and date.*

Please list all children (0-18 yrs) living with you even if they do not attend school at this time.

Name	Birthdate	Grade	School

Your child(ren)'s rights are listed on the back of this document. If you have questions about these rights, please contact the EGUSD Homeless Liaison, Tami Silvera, by phone 916-686-7568 or by email at tsilvera@egusd.net.

OFFICE USE ONLY

If Section 2 is marked, please scan a copy of the completed Housing Questionnaire to the SAFE Office at Housingquestionnaire@egusd.net and update the "Special Services-Request for Verification" section in Synergy.



McKinney-Vento Assistance Act Information

McKinney-Vento Assistance Act 42 U.S.C. 11435 SEC. 725.

The McKinney-Vento Assistance Act provides services and supports for children and youth experiencing homelessness.

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

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DEFINITIONS. For purposes of this subtitle:

(1) The terms “enroll” and “enrollment” include attending classes and participating fully in school activities.

(2) The term homeless children and youths

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term “unaccompanied youth” includes a youth not in the physical custody of a parent or guardian.

Additional Resources Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<https://naehcy.org/educational-resources/>



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NEW STUDENT ENROLLMENT

Welcome and Enrollment Instructions

Dear Parents/Guardians:

The Elk Grove Unified School District (EGUSD) is excited to welcome your family to our district! We look forward to partnering with you. EGUSD appreciates this opportunity and takes the safety, wellness, and academic success of your child very seriously. Please visit our website to learn more about EGUSD and access information in multiple languages at www.egusd.net.

The New Student Enrollment Packet collects the information needed to enroll your child in our schools and provide the best services for your child's learning and well-being. This packet is divided into three sections:

1. Housing Questionnaire
2. Student and Parent/Guardian Information form
3. Supplemental Student information form

EGUSD encompasses 320 square miles and lies in one of the most diverse areas of California. This diversity is reflected by the more than 63,000 students enrolled across our district. Some highlights of EGUSD:

- 68 safe and well-maintained schools
 - 43 Elementary schools
 - 9 Middle Schools and 9 High Schools
 - 7 Alternative/Other Schools (Charter, Continuation, Independent Study, K-8 Virtual On-line, Jessie Baker)
- More than 120 languages spoken
- Preschool Programs, Adult Education, and Career Training Center
- Teachers trained in high quality instruction
- Social-Emotional Learning PreK-12
- State of the art technology
- Competitive Athletic Programs
- Advanced Placement and International Baccalaureate Classes
- Accelerated learning opportunities
- College and Career Academies and Pathways
- Language Acquisition Supports
- Early Intervention Programs
- Expanded Learning Opportunities
- Positive Behavior Interventions and Supports
- Educational equity and family resources and supports



Several items are required to enroll your child in California public schools.

Proof of citizenship is NOT required for enrollment purposes. If you need help accessing a required item or have any questions, please contact your school or visit our district website at:

<https://www.egusd.net/StudentsFamilies/ResourcesSupports/Enrollment-Information/How-to-Enroll/index.html>

Or call:

- Elementary Education (TK-6 Grade): (916) 686-7704
- Secondary (7-12 Grade): (916) 686-7706
- Family and Community Engagement: (916) 831-5530

Completed enrollment forms will be accepted at your resident/boundary school during regular school hours. When returning the completed enrollment form, you must bring the following items with you as required by California Education Code, Sections 48000-48070.6:

Exceptions:

Any foster youth or student experiencing homelessness must be enrolled regardless of proof of residency and other documents normally required at the time of enrollment. Support for families and schools is available through the District Homeless Liaison and Foster Youth Services at (916)-686-7568.

There are unique residency requirements for children whose parents are on active military duty. Please contact your school office for support if this applies to your family.

- Age and legal name verification - **ONE** of the following:
 - ☐ Certified copy of a birth certificate or a statement by the local registrar or county recorder certifying the date of birth
 - ☐ Baptismal certificate or official hospital record of birth
 - ☐ Passport
 - ☐ When none of the above is obtainable, an Affidavit for Proof of Age of Minor signed by the student's parent/legal guardian may be accepted
- Immunization records (see Immunization Requirement)
- Parent/ Guardian Photo ID to verify the identity of the enrolling adult (Government-issued or non-government-issued ID are accepted, e.g., driver's license, college ID, credit card with photo, Costco membership card)
- Withdrawal grades/unofficial transcript (if applicable)
- Current proof of residence within the district (*Note: must be a street address; P.O. Box is not acceptable*) consisting of any **ONE** of the following with the present address and the name of the parent or legal guardian listed:
 - ☐ Property tax payment receipts
 - ☐ Mortgage statement, rental property contract, or lease agreement or payment receipt
 - ☐ Current utility service (e.g., PG&E, SMUD, water, garbage, sewer) contract, statement, or payment receipt
 - ☐ Parent or guardian's recent pay stub
 - ☐ Voter registration
 - ☐ Correspondence from a government agency (e.g., documentation from the Department of Human Assistance, court documents, motor vehicle registration, driver's license, etc.).
 - ☐ Declaration of residency executed by the student's parent/guardian
 - ☐ If the student is residing in the home of a caregiving adult within district boundaries, an affidavit executed by the care-giving adult



ELK GROVE UNIFIED SCHOOL DISTRICT (EGUSD)

Part I: Student Enrollment Form

Information on these pages is required for enrollment. Please complete both pages.

STUDENT INFORMATION

DATE _____

Has student ever attended an EGUSD School (including Preschool): ☐ Yes: EGUSD Student ID # _____ ☐ No

Is this student currently expelled or pending an expulsion hearing in EGUSD or any other district? ☐ Yes ☐ No

Student's Full Legal Name: _____

Grade Level: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary

Nickname/Other Name: _____

Birth Date: _____ / _____ / _____ Student's Email: _____ Student's Cell: _____
(Mo./Day/Yr.)

Residence Address: _____

Number & Street, Apt # City State Zip Code

Mailing Address: (if different from residence address)

P.O. Box / Number & Street City State Zip Code

RACE/ETHNICITY

Ethnicity:

☐ Not Hispanic

☐ Hispanic/Latino (Cuban, Mexican/ Puerto Rican, South/Central American or other Spanish culture or origin)

Race: (Please select all that apply)

☐ African American/Black

☐ Hmong

☐ Samoan

☐ American Indian

☐ Japanese

☐ Tahitian

☐ Asian Indian

☐ Korean

☐ Vietnamese

☐ Cambodian

☐ Laotian

☐ White

☐ Chinese

☐ Native Hawaiian

☐ _____

☐ Filipino

☐ Other Pacific Islander

Please Specify

☐ Guamanian

☐ Other Asian

HOME LANGUAGE SURVEY

The CA ED Code directs schools to determine the English language proficiency of students. The process begins with identifying the languages(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential for the school to provide adequate instructional programs and services.

1. Which language did your child learn when he/she/they first began to talk? _____

2. What language does your child most frequently speak at home? _____

3. What language do you most frequently use at home when speaking with your child? _____

4. What is the language most often spoken by any adults living in the home? _____

Signature of Parent or Guardian: _____



Elk Grove Unified School District

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (1): _____

Last

First

Middle

Suffix (Jr. III, IV)

☐ Legal Guardian

☐ Other (specify): _____

Relationship _____ Does this person live with student? ☐ Yes ☐ No Release to/Contact allowed ☐ Yes ☐ No

Mailing Address (if different from student) _____

Number & Street, Apt.

City

State

Zip Code

Cell: _____ Work: _____ Home: _____

Email Address: _____ Preferred Language: _____

Education level – please check one box that most closely applies

☐ Not a high school graduate

☐ College graduate

☐ Graduated from high school

☐ Grad school/postgrad

☐ Some college /AA degree

Military Service:

☐ Active Armed Forces

☐ Full-Time National Guard

☐ Armed Forces Reserve

Parent/Guardian Name (2): _____

Last

First

Middle

Suffix (Jr. III, IV)

☐ Legal Guardian

☐ Other (specify): _____

Relationship _____ Does this person live with student? ☐ Yes ☐ No Release to/Contact allowed ☐ Yes ☐ No

Mailing Address (if different from student) _____

Number & Street, Apt.

City

State

Zip Code

Cell: _____ Work: _____ Home: _____

Email Address: _____ Preferred Language: _____

Education level – please check one box that most closely applies:

☐ Not a high school graduate

☐ College graduate

☐ Graduated from high school

☐ Grad school/postgrad

☐ Some college /AA degree

Military Service:

☐ Active Armed Forces

☐ Full-Time National Guard

☐ Armed Forces Reserve

Name of Person Completing Form (please print): _____

Last

First

Middle

Relationship _____

Signature of Parent/Guardian: _____ Date: _____

(Certifying information provided is accurate)

Thank you for completing your student's enrollment.

To identify and provide the services to best meet the needs of your student, please take a few moments to complete the **Supplemental Student Information Form** (next pages).

FOR OFFICE USE ONLY

School Name _____ Enrollment Date _____

Birth Date Verified ☐ Birth Date Verification Method _____ Address Verification Method(s) _____

Immunizations Complete? ☐ YES ☐ NO Student Notifications? ☐ YES ☐ NO

Permit Type: _____ Permit Date: _____ Track _____ Enrolled by: _____ Date entered in Synergy: _____

Part II: Supplemental Student Information Form

The Supplemental Student Information Form assists Elk Grove Unified School District in providing academic support and services.

This form is not required for purposes of enrolling your child. Submission of this form assists EGUSD in providing your student academic supports, access to specific programs, and critical health and safety information.

Thank you for completing this form.

EDUCATIONAL PROGRAM PARTICIPATION ELIGIBILITY

What special services has your child received?

- | | |
|--|---|
| ☐ None | ☐ Special Education |
| ☐ 504 Accommodation | ☐ English Language Development (ELD) |
| ☐ GATE | ☐ Bilingual |

Request for Migrant Education Migrant Student ID: _____

Native American Tribal Band Membership: ☐ Yes, Tribal Membership Number: _____ ☐ No

Do you have refugee status? ☐ Yes ☐ No Are you a holder of a Special Immigrant Visa? ☐ Yes ☐ No

Does your child have a current foster care status? ☐ Yes ☐ No

Which of the following best describes where this child is currently living, if applicable? (Federally Required)

Homeless and/or sharing a house or apartment due to economic hardship:

☐ Yes (If yes, please complete the Housing Questionnaire in the Student Enrollment Packet) ☐ No

PRESCHOOL ATTENDANCE

Did your child attend preschool? ☐ Yes ☐ No

If yes, what type of preschool? ☐ EGUSD Preschool ☐ Other Public Preschool ☐ Private Preschool

ADDITIONAL DEMOGRAPHIC INFORMATION

Birthplace: City _____ State _____ Country _____

U.S. School Entry Date: ____/____/____ City _____ State _____

NAMES OF ALL OTHER CHILDREN IN FAMILY (18 YEARS AND UNDER)

NAME	RELATIONSHIP	DATE OF BIRTH	SCHOOL OF ATTENDANCE	LIVING AT HOME
_____				☐ Yes ☐ No
_____				☐ Yes ☐ No
_____				☐ Yes ☐ No
_____				☐ Yes ☐ No
_____				☐ Yes ☐ No

PREVIOUS ENROLLMENT

Previous School Attended _____ Last Date Attended _____

Address	City	State	Zip	Phone	Fax
Name of Previous School District _____					

Please complete both pages

EMERGENCY CONTACTS: Individuals who may be contacted in an emergency when no parent or guardian can be reached.

1. Relationship _____ Name _____ Release to ☐ Yes ☐ No
Phone _____ Work _____ Email _____
2. Relationship _____ Name _____ Release to ☐ Yes ☐ No
Phone _____ Work _____ Email _____
3. Relationship _____ Name _____ Release to ☐ Yes ☐ No
Phone _____ Work _____ Email _____

Day Care Provider _____
Name _____ Address _____ City _____ Zip _____
Phone _____ Cell _____ Release to ☐ Yes ☐ No

ADDITIONAL CONTACTS

Physician Name _____ Phone _____ Ext _____ Hospital _____
Insurance Provider _____ MED Policy # _____
Social Worker (Agency) _____ Email _____ Phone _____
Social Worker (County) _____ Email _____ Phone _____
Probation Officer _____ Email _____ Phone _____

HEALTH RECORD

☐ PLEASE CHECK HERE IF STUDENT HAS NO KNOWN HEALTH CONDITIONS

Please check any and all conditions in this student's history. Use the area below to add an explanation/recommendation

Medical Alert (unlisted condition – describe below)

- | | | | |
|---|--|---|---|
| ☐ ADHD | ☐ Autoimmune Disorder | ☐ Headache-Migraine | ☐ Seizure Disorder |
| ☐ Allergy – Non-food | ☐ Blood Disorder | ☐ Hearing Impairment | ☐ Sickle cell Anemia |
| ☐ Allergy – Food | ☐ Cancer | ☐ Heart Condition | ☐ Tuberculosis |
| ☐ Allergy – Nut | ☐ Celiac Disease | ☐ Hepatitis | ☐ Urinary Disorder |
| ☐ Allergy – Peanut | ☐ Cerebral Palsy | ☐ Hypertension | ☐ Vision Impairment |
| ☐ Arthritis | ☐ Cystic Fibrosis | ☐ Intestinal Disorder | |
| ☐ Asthma | ☐ Diabetes | ☐ Orthopedic/Scoliosis | |
| ☐ Autism | ☐ Eczema | ☐ Pacemaker | |

Explanation/Recommendations regarding above: _____

Is the student currently taking medications? ☐ Yes ☐ No Is the medication required during school hours? ☐ Yes ☐ No

MEDICATION CANNOT BE DISPENSED AT SCHOOL WITHOUT A FORMAL REQUEST SIGNED BY A DOCTOR AND PARENT.
MEDICATION FORMS ARE AVAILABLE IN THE SCHOOL OFFICE.

I UNDERSTAND THAT IN AN EMERGENCY WHEN NO GUARDIAN OR EMERGENCY CONTACT CAN BE LOCATED, THE SCHOOL IS AUTHORIZED TO TAKE MY STUDENT TO THE FAMILY DOCTOR, LICENSED PHYSICIAN OR TO THE NEAREST HOSPITAL AT PARENT/GUARDIAN EXPENSE.

Name of person completing form **(please print)**: _____ Relationship: _____

Signature of Parent/Guardian: _____ Date: _____

(Certifying information provided is accurate)