



Upper Perkiomen Student Residency Questionnaire

Your responses to these questions will help staff determine what residency documents are needed for enrollment of your child(ren). Please be aware you are not obligated to answer the following questions.

Student Name: _____ D.O.B: _____

1. Is the student and/or family housing situation a temporary living arrangement? ___YES ___NO
If YES, what is the expected length of stay at this address? _____
2. Is this housing situation due to loss of housing, economic hardship or traumatic event? ___YES ___NO

CONTINUE ONLY IF YOU ANSWERED "YES" TO BOTH OF THE ABOVE QUESTIONS

Parent/Guardian

Name: _____ Relationship to Child: _____

Address: _____

Phone Number: _____ Email: _____

Current living situation for student/or family

- Temporarily with another family because we cannot afford or find affordable housing
Name & address of person you are living with: _____
- Homeless /Domestic Violence /Emergency or Transitional shelter
Program name and phone number: _____
- Hotel or Motel
Hotel/Motel name and phone number: _____
- In a place not designed for ordinary sleeping accommodations (car, park, campsite, etc.)
- Student is living with someone other than the legal guardian
Name and phone number of person student is living with: _____

Do you have any other children in Upper Perkiomen School District? ___YES ___NO
Please list name and schools: _____

What school did your child last attend? _____

I declare that the information I have provided is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____