LAWRENCE COUNTY CTC

Student Residency Questionnaire

Dear Parent or Guardian:

nudents Name Dat	e of Birth
ddress where child is living now:	
whom does residency belong:	Relationship to child:
ontact number (s): Cell:	_
what type of setting is the student living now? Check one box below:	
Check one box below either in Section A or Section B:	
SECTION A	SECTION B
o Living in an emergency or transitional shelter/housing due to: _ economic hardship (loss of housing/job) _flood/fire, _ other:	o None of the choices in Section A apply:
o Sharing the housing with another person/or family due to: _ economic hardship (loss of housing/job) _flood/fire, _ other:	STOP
o In a motel, hotel, campsite, substandard housing, or a car due to: _ economic hardship (loss of housing/job) _flood/fire, _ other	
With adult that is not a parent or legal guardian, or alone without an adult due to: _economic hardship (loss of housing /job) _flood/fire, _ other:	If you checked this section, please mark the appropriate box below, and attach any documentation needed.
Other: In an arrangement that is not fixed and is not described in the other choices above, due to:economic hardship (loss of housing/job)flood/fire,other:	Please sign and date form.
If you checked any box in Section A, continue completing the information below.	
The child lives with: (Check all that apply) o Parent(s) or legal guardian. (legal guardianship MUST o Alone o Relative, friend(s) or other adult(s) o Other:	
n the event that the child is not living with parents. A copy of and the enrollment application.	y legal proceeding MUST be attached