

# Student Residency Declaration

## Form Facts

**What:** Use this form to supply documentation of residency.

**Who:** The parent, legal guardian, or residential caregiver of the enrolling student **should submit one signed form per student.**

**Why:** This declaration is intended to address the requirements of the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, as amended, to aid the student in obtaining access to education.

**Where:** Submit enrollment documents to **Connections Academy** by: Upload link on your Connexus home page ([www.connexus.com](http://www.connexus.com)) | Mail: 10960 Grantchester Way 3<sup>rd</sup> Floor, Columbia, MD 21044 | Fax: 800-887-6590

I, \_\_\_\_\_ (name) declare and state as follows:

1. I am the parent/legal guardian/caregiver of \_\_\_\_\_ (name of student) who is of school age, and is seeking admission to \_\_\_\_\_ Connections Academy.
2. The student is in the following situation: (check one)
  - ☐ Staying in a shelter, FEMA trailer, or waiting for foster care placement.
  - ☐ Sharing housing of others due to natural disaster, housing loss, economic hardship, similar reason; doubled-up.
  - ☐ Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
  - ☐ Temporarily living in a motel or hotel due to natural disaster, loss of housing, economic hardship or similar reason.
  - ☐ Other: \_\_\_\_\_
3. With whom does the student live? (check one):
  - ☐ 1 parent      ☐ 2 parents      ☐ Alone with no adults      ☐ 1 parent & another adult
  - ☐ An adult that is not the parent or legal guardian
4. Since \_\_\_\_\_ (date) the student has not had a permanent home; however, has been residing within the school's geographic boundaries and intends to stay here.
5. My contact information is as follows:

Street Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## Signature of Parent/Legal Guardian/Caregiver

By signing below, I declare under penalty of perjury that the information provided here is true and correct and of my own personal knowledge. I understand that giving false or otherwise untrue information could result in a criminal charge of perjury being brought against me.

Name of Parent/Legal Guardian/Caregiver \_\_\_\_\_

Signature of Parent/Legal Guardian/Caregiver \_\_\_\_\_

Date \_\_\_\_\_