Infinity Charter School Student Residency Questionnaire



Dear Parent or Guardian,

Student Name:	Birth date:
Person completing form:	Relationship to child:
In what type of setting is the child living now? Check one box below:	
Section A	Section B
☐ In an emergency or transitional shelter	□ None of the choices in SECTION A apply
☐ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason	
☐ In a motel, hotel, campsite, or car due to a lack of alternative, adequate accommodations	STOP
☐ In a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting	
☐ Other place not designed for, or ordinarily used as, regular sleeping accommodations for human beings	If you checked this section, you do not need to complete questions 3 through 6. Please sign and date the form and turn it in.
CONTINUE TO THE QUESTIONS BELOW if you checked a box in SECTION	A
Contact number for person completing this form:	
Address where the child is now living:	
The child lives with (check all that apply):	
Parent or legal guardian	
☐ Relative, friend or other adult ☐ Alone	
Other:	
Name, address and phone number of the school the child attended last:	
Does the child have an IEP or a Chapter 15/504 agreement? ☐ No.	
☐ Yes. Please explain:	
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ignature of Parent/Legal Guardian:	Date: