



# Marietta city schools

Homeless Education Program (HEP)

## STUDENT RESIDENCY STATEMENT Information provided on this form is strictly confidential.

School: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name (Please print): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Siblings (Please print):

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School/Grade: \_\_\_\_\_

If more space is needed, please add list to the back of this form.

1. Do you live in any of these following situations?

\_\_\_\_\_ sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons  
(example: evicted from home, cannot afford housing, etc.)

\_\_\_\_\_ in a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations

\_\_\_\_\_ in emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing  
through MUST, Center for Family Resources or other shelter or agency

\_\_\_\_\_ have a primary nighttime residence that is a place not designed for or ordinarily used as regular sleeping  
accommodations for humans

\_\_\_\_\_ in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar  
settings

\_\_\_\_\_ None of the above (Affidavit required)

2. How long do you anticipate living at this location? \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Name – Please Print

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Children living in homeless situations have certain rights under the McKinney-Vento Homeless Assistance Act under No Child Left Behind. Please contact your local school homeless liaison or the school district liaison at 770-429-2390 extension 222 with any questions.

SCHOOL USE: Send the completed form through system mail to the District Homeless Liaison at the Central Office or fax the completed form to 770-429-2393, attn: Homeless Liaison.