



UNIVERSITY PREPARATION CHARTER SCHOOL AT CSU CHANNEL ISLAND

1099 Bedford Drive

Camarillo, CA 93010

PHONE **805-482-4608** FAX **805-512-8149**

2025 – 2026 Student Residency Questionnaire

This form is intended to help identify the students that may be eligible for services under the McKinney-Vento Homeless Education Act, 42 U.S.C. 11435. The information provided will help us determine what services you and/or your child may be eligible to receive. The information provided will be kept confidential and only shared with appropriate school staff.

Date: _____ Student Name: _____ Grade: _____

1. Presently, where is the student living? **Check one box:**

- ☐ In a shelter (name of shelter)
- ☐ In a transitional housing program (name of program)
- ☐ In another family's house or apartment, **temporarily, due to loss of housing, stemming from financial problems (loss of job, eviction, or natural disaster) Doubled up-with more than one family in a house or apartment due to economic hardship**
- ☐ In a motel, hotel, car, or campsite, **temporarily, due to inadequate housing**
- ☐ In a rented trailer/motor home on private property
- ☐ In a rented garage **due to loss of housing**
- ☐ Living alone, without any adult (unaccompanied youth)
- ☐ Awaiting foster placement
- ☐ In a single-family residence (house, apartment, condominium, mobile home)

2. The student lives with: **Check one box:**

- ☐ Parent(s)
- ☐ Court appointed legal guardian.
- ☐ An adult who is not the parent/legal guardian, **temporarily, due to loss of housing**
- ☐ Group home

AFFIDAVIT

By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct.

Signature of Parent/Legal Guardian: _____ Date: _____

For further information, please contact Charmon Evans at 805-482-4608 or CEvans@pleasantvalleysd.org