



**CAJON VALLEY UNION SCHOOL DISTRICT
TRANSITIONAL RESIDENCY AFFIDAVIT**
(SITE: PLEASE IMMEDIATELY FAX COMPLETED FORM TO (619) 579-4800)

This affidavit is intended to address requirements of the McKinney-Vento, Title X, Part C of the Elementary & Secondary Education Act. The information below is to assist in determining if the student meets the definition "in transition" (no permanent nighttime residence).

School: _____ School Year: 20____/20____ Date: _____

1. Presently, are you and/or your family living in any of the following situations:

- Hotel or Motel
- Emergency or Transitional Shelter
- Temporarily with another person or family due to **loss of housing** (eviction or an inability to pay the rent or other bills, destruction of or damage to the previous home), **economic hardship** (an accident or illness, loss of employment, loss of public benefits)
- Unsheltered - car, park, campground, abandoned building or other inadequate housing
- Living alone as a minor student(s) without an adult (unaccompanied youth)

2. Please list all children currently living with you:

Student ID #	Last Name	First Name	M/F	Birthdate	Gr.	School Name

Your child has the right to:

- Continue to attend the school attended before you became homeless (school of origin).
- Receive transportation to the school of origin. (*Eligibility determined by Board Policy 3541*).
- Enroll in school without giving a permanent address and attend classes while the school arranges for school transfer, immunization records, or other documents required for enrollment.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Have enrollment disputes quickly addressed.

3. I do not need transportation at this time

I request transportation to _____ School in the _____ District.

Parent/Legal Guardian Name: _____
(Last) (First)

Phone: _____ Alternate phone(s): _____

Email: _____

We are currently residing at (address or location): _____
(Street) (Apt #) (City) (Zip)

Correspondence may be sent to: _____
(Street) (Apt #) (City) (Zip)

I declare under penalty of perjury under the laws of the State of California that to my knowledge, the foregoing is true and correct.

(Signature) (Date)