



Leon County School District

725 S. Calhoun Street * Tallahassee, FL 32301 * Phone 850-561-8376*www.leonschools.net

LCS: 6/30/25

SCHOOL Data Entry:

Date: _____

Initials: _____

2025-26 Student Residency Questionnaire

Section A: Housing is Fixed, Regular, and Adequate

Please **DO NOT** complete this form, if you currently:

- **Rent/own your home OR live with someone by choice (not due to financial hardship)**

Section B: Housing is NOT Fixed, Regular, and Adequate (Complete all sections below and return to school)

Student(s) Current Nighttime Residence:

- ☐ In an emergency/transitional shelter (A)
- ☐ Temporarily with another family or other persons due to loss of housing, economic hardship, or similar reason (B)
- ☐ In a vehicle of any kind, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, bus or train station, abandoned building, public or private place not designed for or ordinarily used as a regular sleeping accommodation, or other substandard housing (D)
- ☐ In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

How long have you been at this temporary residence? _____

Cause of Temporary Residence:

- ☐ Foreclosure (M)
- ☐ Natural Disaster Type: **Circle One**
Earthquake, Flood, Hurricane, Tornado
Tropical Storm, Wildfire
- ☐ Man-made Disaster (D)
- ☐ Pandemic (P)
- ☐ Other homeless causes (N):
(Please Explain) _____

Example: Lack of affordable housing, long term poverty, unemployment, domestic violence, eviction, mental illness, lack of health care

Section C: Student Information (All LCS students including pre-school children living together as indicated above)

Student Name (first, middle initial, last)	Student ID#	M/F	DOB	Grade	School

Prior Street Address: _____ City: _____ Zip: _____

Current Street Address: _____ City: _____ Zip: _____

Contact Phone Number: _____ Email: _____

Name of Parent(s) / Legal Guardian(s): _____

Section D: Unaccompanied Homeless Youth (UHY) Must Complete This Section (U) ***Contact FIT Office for Certified UHY Card**

- ☐ Student is living with an adult that is not a parent or legal guardian.

Caregiver Name: _____ Student Age: _____

Relationship to student: _____ Phone: _____

- ☐ Student is living alone without an adult.

Student Age: _____

How long has the student been living alone? _____

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).

*****If Transportation is needed, check this box, call Transportation (850) 488-2636.**

☐

☐ Please check if you allow this information to be released to social service agencies for possible assistance. **Expires 6/30/26**

The undersigned certifies that the information provided is accurate.

Signature of Parent/Legal Guardian (OR) Unaccompanied Homeless Youth

Date

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. For questions regarding this form, please call the FIT office at 850-561-8376.