

## Pajaro Valley Unified School District Healthy Start Program

Healthy Start Staff Only;
Fiscal Year:

A Division of Student Services, Services for At-Risk Students 440 Arthur Road, Watsonville, CA 95076 Telephone: (831) 761-6125 Fax: (831) 761-6130

## Stewart B. Mckinney Homeless Assistance Act School Enrollment Affidavit of Non-Permanent Residence

Section A: To be completed by parent/guardian Section B: If you are living with or sharing temporary housing, the primary tenant or property manager or legal owner may complete this section. Section C: If required by school, to be completed by approved agency PARENT/GUARDIAN VERIFICATION 1. I am the parent/guardian or \*caregiver of the child(ren) listed below. 2. My family is without a permanent home and/or fixed address and is seeking admission of my school-aged child(ren) to the Pajaro Valley Unified School District. 3. In case of an emergency I can be reached (or a message left) at: Agency/contact person: \_\_\_\_ Address or location: \_\_\_\_\_Phone: \_\_\_\_\_ I declare under penalty of perjury under the laws of California that the foregoing is true and correct according to my own personal knowledge and that if called upon to testify I would be competent to do so. Parent/Guardian signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Date: \_\_\_\_\_ Please print your name: \_\_\_\_\_ Child(ren) Age TEMPORARY HOUSING VERIFICATION I verify that the family named above is without a permanent home and is temporarily living at this residence: Print Name: \_\_\_\_ Signature: Address: Date: Phone: **AGENCY VERIFICATION** I work at the agency listed below. To the best of my knowledge, I verify that the information contained above is true: Agency Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

<sup>\*</sup>If you are a caregiver, a caregiver affidavit must accompany this form.