



Loudoun County Public Schools - Housing Determination Form
Who is this form for? Loudoun County Public Schools uses this form to determine enrollment eligibility for families that **do not** have a current mortgage or active lease in their name. Please complete the form by providing the following information requested below.

PART A: Family Information REQUIRED FOR FORM EVALUATION

Your Information:
 Are you the Parent Guardian or Other _____ (Please Specify)
 Name/s: _____ Email _____ Phone _____
 Address _____ City _____ State _____ Zip Code _____
 If you are the legal guardian, do you have court issued paperwork you can provide? Yes No Not Applicable to me
 Are the students listed on the form (below) living at the above address? Yes No
 If **NO**, please provide student's address _____
Student Information (Please list all school-aged children below that will attend/attend LCPS. Please also include children who are 0 – 5 y/o):

First Name _____	First Name _____	First Name _____
Last Name _____	Last Name _____	Last Name _____
Student ID # _____	Student ID # _____	Student ID # _____
Date of Birth _____	Date of Birth _____	Date of Birth _____
School _____	School _____	School _____
Grade _____	Grade _____	Grade _____

Please include **all** school-aged children on this form that will attend/attend LCPS/are 0-5 years of age or older. More than three students? There is additional student space on the backside of this form

PART B: Current Living Situation (Confidential Information) REQUIRED FOR FORM EVALUATION

Please check **all** boxes that apply to your and/or your student's **current** living situation:

- The students listed above are not living in a fixed, regular, and/or adequate living situation.
- My family is temporarily living with more than one family in a house, mobile home or apartment because our family does not have a place of our own and we are facing a/an:
 - economic hardship domestic abuse foreclosure eviction flood/fire/natural disaster
- In an emergency shelter, domestic abuse or transitional shelter. Shelter name _____
- My family is staying in our car, outside, or in a public space.
- My family lives in a hotel or motel due to lack of alternative affordable accommodations. Hotel Name _____
- The student/s listed above is a youth who is not in the physical custody of their parent or legal guardian.
- I am a student, 18 years old or older, residing on my own and I am facing economic hardship, domestic abuse, eviction or flood/natural disaster.

PART C: Description of Current Living Situation (Confidential Information) REQUIRED FOR FORM EVALUATION

Please describe the circumstances of the student's current living situation (**this must be filled out for our team to review**):

 Is the mother residing at the same address as the above listed students? Yes No
 If not, please explain briefly _____
 Is the father residing at the same address as the above listed students? Yes No
 If not, please explain briefly _____

To the best of my knowledge, the information I provided is accurate and true.

Parent/Guardian/Other Signature _____ Date _____

Read this before flipping the page: Did you check a box in PART B of this form? Yes No

If you marked **YES**, do **NOT** fill out PART D of this form – If you marked **NO**, please fill out PART D of this form.

PART D: Shared Housing Information and Notarization

Read this before completing PART D:

If you checked a box in PART B of the front side of this form, please **do not** fill this out or get this notarized.

If none of the living situations in PART B applied to your living situation, please complete this section of the form.

This form is to be completed by the parent/guardian when residing in a shared-housing situation that does not meet McKinney Vento eligibility. The parent/guardian must obtain the signature of the person who owns or rents the residence. The owner/tenant must provide proof of residency by submitting a lease, deed, settlement papers, mortgage statement, or deed of trust. Additional information may be required as necessary.

It is understood that the above named student(s) will be permitted to attend Loudoun County Public Schools as long as the above stated address is the bona fide legal residence of the student(s) and parent(s)/legal guardian(s) and that proof of residence has been provided. If a change in the bona fide legal address occurs, it is the responsibility of the parent(s)/legal guardian(s) to notify the school(s) immediately.

It is understood that the information provided by the undersigned is accurate. Any attempt to falsify information shall result in withdrawal of the student(s), and the appropriate tuition charge shall be assessed for each student(s) found not to be residents in Loudoun County. Under §22.1-264.1 of the Code of Virginia, any person who knowingly makes a false statement concerning the residency of a child for the purposes of avoiding tuition, shall be guilty of a Class 4 misdemeanor. The tuition for the school year ranges from \$8,000 to more than \$10,000.

As the homeowner(s) or tenant(s) of the house or apartment at the address listed above, I acknowledge that the above-named individual and their school-aged child(ren) are residing with me/us in good faith and not solely for the purpose of attending Loudoun County Public Schools and avoiding non-resident tuition. I agree to provide a lease, deed, settlement papers, mortgage statement, or deed of trust. Additional information may be required as necessary.

The undersigned do hereby attest to the accuracy of these statements:

Signature, Home Owner(s)/Tenant(s) Print Name Telephone

Parent(s)/Legal Guardian(s) Signature Print Name Telephone

I hereby certify that on this _____ day of _____, the above subscribers personally appeared before me and made oath in due form of the law that the foregoing facts are true to the best of their knowledge, information, belief, under penalty or perjury.

My Commission Expires ____/____/____ Notary Public _____

Additional Students Space (Families with more than 3 students may use this space to continue PART A if necessary):

First Name _____ Last Name _____ Student ID # _____ Date of Birth _____ School _____ Grade _____	First Name _____ Last Name _____ Student ID # _____ Date of Birth _____ School _____ Grade _____	First Name _____ Last Name _____ Student ID # _____ Date of Birth _____ School _____ Grade _____
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Note to Parent/Guardian/Others: Please return this form to your school. The portion below will be filled out by them.

Thank you for filling out this form. Your school will notify you of your student's eligibility into our program shortly. Please ask your student's school for one of our program brochures for more information. If you should have any questions in relation to this program, please feel free to call (571) 252-6551 or (571) 252-1594 (**Se Habla Espanol**).

This portion below is for **Attendance Secretaries, Counseling Secretaries, Registrars** and/or **School Staff to complete**.

School Staff Use ONLY: My name is _____ . My extension is _____ .

My school is _____ .

Does the student need out of zone transportation to and from your school? Yes No

If **YES**, please notify your school's special needs transportation contact to submit an out of zone transportation request as soon as possible. Please, also, notify our team once the request has been submitted.

Please use the space below to share any further information in regards to the family's living situation with us before submitting this form to our team for review. Your additional information is helpful to our team in making a determination. Thank you!
