

Student Residency Questionnaire

Name of School _____

Name of Student _____

Birth Date _____ Age: _____ Phone: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student is eligible to receive.

1. Is your current address a temporary living arrangement? _____Yes _____No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____Yes _____No

If you answered **YES** to **BOTH** questions, please complete the remainder of this form.

If you answered **NO** to **EITHER**, you may stop here.

Where is the student presently living? (check one box)

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Does the student have any siblings?

Name: _____	Grade/Age: _____	School: _____
Name: _____	Grade/Age: _____	School: _____
Name: _____	Grade/Age: _____	School: _____
Name: _____	Grade/Age: _____	School: _____

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

Address _____ Zip _____ Phone _____

_____Yes _____No I have received a copy of Parental Rights under the McKinney-Vento Act.

Signature of Parent/Legal Guardian

Date

**School Staff: Please fax a copy to Luke Heller, Youth in Transition Liaison, at Central Office (232-4280)
AND give a copy to the School Social Worker or Counselor if Social Worker not present.**