

Student Residency Questionnaire

Fulton City School District
167 South Fourth Street
Fulton, NY 13069

Name of School: _____

Name of Student: _____ Sex: Male
Last First Middle Female

Birth Date: ____/____/____ Age: _____ Social Security #: _____
Month/ Day / Year (or student identification number)

This questionnaire is tended to address the McKinney-Vento Act 42 U.S.C. 11435. the answers to this residency information help determine the services the student may be 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 the above questions, please complete the remainder of this form.
If you answered NO, 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

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

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

**Please send a copy to Geri Geitner, Director of Student Support Services at the Central Office.
Fax: 315-593-5519**

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

Geri Geitner (McKinney-Vento Liaison) Signature