Student Residency Questionnaire

Name of Student: ____________________________ Date: __________________________

Name of School: ____________________________ Grade: ________ Birth Date: ____________

The answers to this residency information help determine the services the student may be eligible to receive. This questionnaire is in Compliance with the McKinney-Vento Act 42 U.S.C. 11435.

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
☐ In a transitional housing program
☐ In a RV/Trailer/Camper

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

Address: ____________________________________________ Zip: ____________ Phone: __________________________

Does the student(s) need assistance with:

☐ Student Transportation ☐ Clothing ☐ Medical/Dental
☐ School Supplies ☐ Hygiene Products ☐ After School Programs
☐ Homework Assistance

____________________________________________________ ________________
Signature of Parent/Legal Guardian Date

Please send a copy to the McKinney-Vento Liaison at the Central Office.

School Contact Person: ______________________________________ Phone: __________________________