

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: _____