

Student Residency Questionnaire

Your child may be eligible for additional educational services through McKinney-Vento Assistance Act. To determine your child's eligibility, please complete this form.

Name of Student: _____ Name of School: _____

Address: _____ Phone: _____

Birth Date: _____ Grade: _____ SEX: ___ Male ___ Female

Is the student's current address a temporary living arrangement: ___ YES ___ NO

Is this temporary living arrangement due to loss of housing/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)

___ Temporarily with another family in a house or apartment due to loss of housing or economic hardship.

___ With an adult that is not a parent or legal guardian, or alone without an adult

___ Moving from place to place

___ In a hotel/motel

___ Staying in a shelter (family shelter, domestic violence shelter, youth shelter)

___ Waiting foster care placement or in a new foster care placement (less than 6 months)

___ In a car, park, campground, abandoned building, or any other inadequate accommodation.

___ In as emergency/transitional shelter

___ Unknown nighttime residence

___ Other _____

Please check your relationship to the student:

- ___ Parent
- ___ Legal Guardian
- ___ Power of Attorney
- ___ Adult Caring for Student
- ___ Youth living without being in physical custody of a Parent or Legal Guardian

Signature: _____

Date: _____