

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

1. Is the student's 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)*

____ *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 an 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 the physical
custody of a parent or legal guardian*

Signature: _____

The undersigned certifies that the information provided is accurate.

Date: _____

School Use Only

COPIES TO:

1. District Liaison
2. MSDS Data Person
3. Building Administrator
4. School Counselor

5. Food Services
6. CA 60
7. Classroom Teacher

