

Standard Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

Name of Student _____ Male Female

Address _____ Zip _____

Signature of Parent/Legal Guardian _____ Date _____

1. Presently, where is the student living: check one box

Section A	Section B
<input type="checkbox"/> In a shelter, transitional housing, or awaiting foster care. <input type="checkbox"/> With more than one family in a house or apartment due to loss of housing or economic hardship. <input type="checkbox"/> In a temporary trailer, campground, car, or park <input type="checkbox"/> In a hotel or motel.	<input type="checkbox"/> Choices in Section A do not apply
<p>Continue: if you checked a box in Section A, Complete #2 and the remainder of the form.</p>	<p>Stop: If you checked this section, you do not need to complete the form. Return to teacher.</p>

2. The student lives with :

- | | |
|--|--|
| <input type="checkbox"/> 1 Parent | <input type="checkbox"/> A relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 Parent | <input type="checkbox"/> Alone with no adults |
| <input type="checkbox"/> 1 parent & another adult guardian | <input type="checkbox"/> An Adult is not the parent or guardian |

Birthdate ____/____/____ Age _____ Legal Guardian Name _____

mm dd yyyy

<p>School Use Only-School Administrator's determination of Section A circumstances:</p>
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If the parent/guardian has completed section B above, completion of form is not required. For any choice in Section A, this form must be immediately routed to appropriate personnel. The original form must be kept separately from the Student Permanent Record for audit purposes during the year.

The name and phone number of a school contact person who may know of the family's situation:

_____ Date Distributed: _____