

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student

1. Presently, where is the student living?

| Section A | Section B |
|---|--|
| <input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> In a motel, car, or campsite. <input type="checkbox"/> With friends or family members (other than parent/guardian) CONTINUE: If you checked a box in Section A, complete #2 and the remainder of this form | <input type="checkbox"/> Choices in Section A do not apply STOP: If you checked this section, you do <u>not</u> need to complete the remainder of this form. |

2. The student lives with:

- | | |
|--|--|
| <input type="checkbox"/> 1 parent <input type="checkbox"/> 2 parents <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> a relative, friend(s) or other adult <input type="checkbox"/> alone with no adults <input type="checkbox"/> an adult that is not the parent or the legal guardian |
|--|--|

School: _____

Name of Student: _____

Birth Date: ____/____/____ Age: ____ Social Security #: _____

Name of Parent(s)/Legal Guardians(s): _____

Current address: _____ Phone/Pager: _____

Zip: _____

Signature of Parent/Legal Guardian: _____

School Use Only- Campus Administrator's determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed.

Name and phone number of a School Contact Person who may know of the family's situation:

Name: _____ Date Faxed: _____

Phone Number: _____