Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento (homeless) Act 42 U.S.C. 11435. You are receiving this form because you have indicated, or it was made known to the school, that your child may be in need of some assistance. The answers to this confidential residency questionnaire help determine the services your student may be eligible to receive such as (but not limited to): school supplies, clothing, tutoring, and/or other services. Please complete this questionnaire and return it in to your child’s teacher.

Name of Student __________________________________________________________________________
Birth date __________________________ Gender ______Building_______________________ Grade _____
Name of Parent(s)/Legal Guardian(s) __________________________________________________________
Address _________________________________________________________________________________
City ____________________________________   Zip ____________   Phone ________

1. Is your current address a temporary living arrangement?  □ Yes  □ No
2. Is this temporary living arrangement due to loss of housing, economic hardship, or other similar circumstances?  □ Yes  □ No
3. Are you a Refugee/Migrant?  □ Yes  □ No

If you answered NO to all the above questions, simply sign and date the bottom of the form.
If you answered YES to any, please complete the remainder of this form.

Where is student presently living?

☐ In a motel/hotel.
☐ In a shelter or other transitional housing.
☐ In a car, park, campground, public space, abandoned building, or substandard housing.
☐ Moving from place to place.
☐ With more than one family in a house or apartment. Who residing with? __________________________
☐ With an adult that is not a parent or legal guardian. Who residing with? __________________________
☐ Alone, without an adult. Who residing with? __________________________
☐ In Foster Care.
☐ Other (please explain)__________________________________________________________

_____________________________________________  __________________________________________
Signature of Parent/Legal Guardian/Person Enrolling Student  Date