

10-11 STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

SCHOOL _____

STUDENT'S NAME _____ AGE _____ DOB ____/____/____

MALE FEMALE CURRENT GRADE LEVEL _____

PARENT(S)/LEGAL GUARDIAN(S) NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE # _____ CELL # _____

1. **Where is the student living now?** (Check one box)

- In a shelter
- In a car
- In a motel or hotel
- In a campground or campsite
- With more than one family in a house or apartment
- With friends or family members (other than parent/guardian)
- None of the above

If you checked the box marked "none of the above," you do not have to complete the remainder of this form.

2. **Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship?**

Yes No Unsure

3. **The student lives with...**

- 1 parent
- 2 parents
- 1 parent and another adult
- A relative, friend(s), or other adult(s)
- Alone with no adults
- An adult who is not the parent or the legal guardian

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY	
<input type="checkbox"/>	Student not covered by McKinney-Vento Act
<input type="checkbox"/>	Student covered by McKinney-Vento Act
<input type="checkbox"/>	Follow Up required
Name of a contact person at the student's school who may know of the family's situation _____	
Dated Rec'd _____	

McKinney-Vento Liaison Signature: _____ Date: _____

Notified Janice Stone in Child Nutrition? Yes No

Immunization Records Complete? Yes No

Homeroom Teacher: _____