

# 09-10 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: \_\_\_\_\_