SCHOOL DISTRICT STUDENT RESIDENCY QUESTIONNAIRE

Dear Parent or Guardian,

The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) Thank you for your cooperation.

1. Student name:	Birth Date:	
Person completing form:	elationship to child:	
2. In what type of setting is the student living now?		
Check one box below –		
SECTION A	SECTION B	
☐ In an emergency or transitional shelter ☐ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason ☐ In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations ☐ In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar setti ☐ Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings CONTINUE to Question 2 if you checked any box SECTION A	If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.	
 3. Contact number for person completing the form: Address where student is now living: 4. The student lives with: Check all that apply Parent(s) or legal guardian Relative, friend(s), or other adult(s) Alone Other: 		

5. School	student attended last :
Ad	dress of school:
Tel	lephone number of school:
Co	ontact person at school (if known):
	he student have an IEP or a Chapter 15/504 agreement? NO YES. Please explain:
the inform complete e school day	person who is helping you register will contact the homelessness coordinator to review nation provided. If homelessness is verified, addition information will be needed to enrollment. The Homelessness Coordinator will contact you by the end of the next y (or sooner) to share the determination regarding homeless status, to gather additional on and to discuss the plans for placement.
Signature	e of Parent/Legal Guardian:
Date:	

NOTE TO STAFF: All forms with a checked box in <u>Section A</u> are to be faxed *immediately* to the Homeless Liaison to eliminate any delay.