

## Student Residency Questionnaire

Your child may be eligible for additional educational services through McKinney-Vento Assistance Act.  
To determine your child's eligibility, please complete this form.

Name of Student: \_\_\_\_\_ Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

1. Is the student's current address a temporary living arrangement? \_\_\_\_ YES \_\_\_\_ NO

2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_ YES \_\_\_\_ NO

If you answered YES to the above questions, please complete the remainder of this form.  
If you answered NO, you may stop here.

Where is the student presently living? (Check one box)

\_\_\_\_ Temporarily with another family in a house or apartment due to loss of housing or economic hardship

\_\_\_\_ With an adult that is not a parent or legal guardian, or alone without an adult

\_\_\_\_ Moving from place to place

\_\_\_\_ In a hotel/motel

\_\_\_\_ Staying in a shelter (family shelter, domestic violence shelter, youth shelter)

\_\_\_\_ Waiting foster care placement or in a new foster care placement (less than 6 months)

\_\_\_\_ In a car, park, campground, abandoned building or any other inadequate accommodation

\_\_\_\_ In an emergency/transitional shelter

\_\_\_\_ Unknown nighttime residence

\_\_\_\_ Other \_\_\_\_\_

Please check your relationship to the student:

\_\_\_\_ Parent

\_\_\_\_ Legal Guardian

\_\_\_\_ Power of Attorney

\_\_\_\_ Adult Caring for Student

\_\_\_\_ Youth living without being in the physical custody of a parent or legal guardian

Signature: \_\_\_\_\_  
The undersigned certifies that the information provided is accurate.

Date: \_\_\_\_\_

### School Use Only

COPIES TO:

1. District Liaison
2. MSDS Data Person
3. Building Administrator
4. School Counselor

5. Food Services
6. CA 60
7. Classroom Teacher