

STUDENT RESIDENCY QUESTIONNAIRE

Name of Student: _____
Last First Middle

Birth Date: ___ / ___ / ___ Age: _____ School: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your 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 the form. If you answered NO, you may stop here.

Where is the student presently living?

- Hotel / Motel
 - In a Shelter
 - Moving from place to place
 - With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
 - In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
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_____ Address

Print Name of Parent/Legal Guardian

_____ City, State, Zip

Phone

Note: Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs.

_____ Date

Signature of Parent/Legal Guardian

If the Parent/Legal Guardian answered Yes to number 1 or 2 above, please sent this form to Kerry Brogan, School Social Worker.