

2024-2025 STUDENT RESIDENCY QUESTIONNAIRE

PLEASE READ CAREFULLY AND COMPLETE FULLY

No student or family will be discriminated against based upon any of the information provided in this form. The information you provide is confidential. The answers you give will help us determine the services your student may be eligible to receive under the McKinney-Vento Act.

Student Name:		Date of Birth:
School:		Grade:
Person Completing This Form:	Relation to Student:	Phone:
Current Address:		How Long?

	Yes	No
1. Is this current address a temporary living arrangement?		
2. Is this temporary living arrangement due to loss of housing, economic hardship, or domestic violence?		
3. Is the student being enrolled by someone other than parent or legal guardian?		
4. Is the student an unaccompanied youth (not living with a parent or legal guardian)?		
5. Is the student a Foster Child or waiting for Foster Placement?		

If you answered **NO** to **ALL** questions, please sign and date below. Submit form to school personnel.

➡ Parent/Guardian Signature: _____ Date: _____

If you answered YES to ANY question above, please complete the remainder of this form.

Please select the option that best describes your current living situation:

- With more than one family in a house or apartment. # Bedrooms: _____ # People: _____
- In a motel/hotel due to lack of alternative, adequate accommodations. Name of motel: _____
- In a shelter/transitional housing. Name of agency: _____
- In a house, building, or trailer **WITHOUT** running water, electricity, or gas.
- Living with family or friends because you are an unaccompanied youth (not living with parent or legal guardian).
- In a car, campground, abandoned building, or other public place not intended for regular habitation.
- Wherever I can find a place to stay at night.

Please list **all children** (under 21 y/o) currently living with you, including those not yet old enough for school enrollment.

First and Last Name of Child	Relationship to Student	Date of Birth	Grade	School Name

I certify that the information provided above is correct and accurate.

➡ Signature of Person Completing this form: _____ Date: _____