



## Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help determine whether or not additional support and services may be available to the student under this Federal Act.

1. **Currently, where does the student stay at night?** Check ONE box in either section A or B.

SECTION A	SECTION B
<input type="checkbox"/> In an Emergency or temporary shelter. <input type="checkbox"/> You or your family lives with another person/family due to <b>loss of housing or economic hardship</b> . <input type="checkbox"/> In a travel trailer, motor home, camper, bus, car, at a campground, park, or parking lot. <input type="checkbox"/> In a hotel or motel.  <b><u>CONTINUE:</u></b> <i>completing the remainder of this form if you checked a box in <b>Section A</b>.</i>	<input type="checkbox"/> Choices in Section A do not apply; Rent/Own Single Family Home/Apartment.   <b><u>STOP:</u></b> <i>If you checked this section, you <b>do not</b> need to complete the remainder of this form. Submit to school personnel. Thank you.</i>

2. **The student lives with:**

- a parent/legal guardian
  a relative or friend(s)
  independently

Name of Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

School Use Only –

If the parent/guardian has checked Section B above, completion of form is not required. For any choices in Section A, this form must be immediately routed to the **JoAnn Gemar**, McKinney-Vento Liaison. The original form must be kept separately from the Student Permanent Record for audit purposes during the year.

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