

Howard-Suamico School District  
**Student/Family Residence Questionnaire**

Your child may be eligible for additional educational services through Title 1 Part A, Title 1 Part C-Migrant, and/or Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire. Please talk with your school's social worker to find out how to obtain this assistance or to learn more about these rights and services.

<b>1. Presently, are you and/or your family living in any of the following situations? <i>Check all that apply.</i></b>
<input type="checkbox"/> A. Sharing a friend or relative's home or apartment due to loss of housing, economic hardship or similar reason <input type="checkbox"/> B. Living in a hotel, motel, or campground because you have no other place to live <input type="checkbox"/> C. Staying in a shelter (family shelter, domestic violence shelter, youth shelter) <input type="checkbox"/> D. Living in a car, park, abandoned building, or other inadequate accommodation <input type="checkbox"/> E. Waiting for foster care placement <input type="checkbox"/> F. Are you being evicted from your home at this time?
<b>2. If you are a student enrolling yourself, please <i>check all that apply</i> below.</b>
<input type="checkbox"/> Are you temporarily staying with friends or with family other than your parent or guardian? <input type="checkbox"/> Are you currently living away from your parent or guardian? <input type="checkbox"/> Are your parents refusing to allow you to live with them at this time? <input type="checkbox"/> Are you staying in a shelter?

**If you checked any box above please complete the remainder of this form and submit it to school personnel.  
 If you did not check any box above, you do not need to complete or submit this form.**

<b>3. Please list all children currently living with you.</b>						
First	Last	M/F	Birthdate	Special Ed	Grade	School Name
				Y   N		
				Y   N		
				Y   N		
				Y   N		

Address of current residence: \_\_\_\_\_

OR

Name of motel/shelter of current residence: \_\_\_\_\_

Phone number or Contact number: \_\_\_\_\_ Name of contact: \_\_\_\_\_

**The undersigned parent/guardian certifies that the information provided above is accurate.**

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**School secretary or registrar:** If any of the questions above are checked, please forward this form to your building's social worker.