STUDENT HOUSING QUESTIONNAIRE -*Confidential*

ISSAQUAH SCHOOL DISTRICT 411

Student Name: ______________________________________**Grade:**_______ **Birthdate:** ____ /____ /____
Mo Day Year

Home Language: ______________________________ **Translation needed:** ☐ **YES** ☐ **NO**

School: ____

Parent/Legal Guardian Name: ____________________________________**Phone Number**:___________

*If you are staying in a confidential shelter, DO NOT provide your address. Please provide the name and contact info of the agency/social worker that is supporting you:*____

Address where student is currently living ____
Street Address City, State, Zip Code

Answering these questions about your student's living situation will help the district in enrolling your student and in determining appropriate services under Title 1, the McKinney-Vento Education of Homeless Children and Youth Assistance Act or Every Student Succeeds Act (ESSA). For more information about the educational rights of students experiencing homelessness, please visit https://naehcy.org/wp-content/uploads/2018/02/2017-10-16_NAEHCY-FAQs.pdf **. For a community resource directory, please visit the district website at** https://www.issaquah.wednet.edu/family/counseling-services/community-resource-directory

√ **Check the appropriate sections below to help us understand your student's current living situation**

☐ **Student lives in permanent housing (** fixed, regular, adequate housing**)**
(If you checked this box, further completion of this form is not required)

- ☐ Own a home
- ☐ Rent or lease a home or apartment
- ☐ Other:____

OR

☐ **Student lives in temporary housing due to loss of housing, economic hardship, or is in foster care**

- ☐ Temporarily lives with another family in house, mobile home, or apartment **due to loss of housing or economic hardship** (Doubled Up)
- ☐ In a motel or hotel: (hotel name: ____)
- ☐ In transitional housing (transitional housing name: ______________________________)
- ☐ In a shelter (name of shelter: ____)
- ☐ Unaccompanied Youth – not in the physical custody of parent/legal guardian
- ☐ Unsheltered (living in a vehicle, park, campground, without running water/electricity or substandard housing)
- ☐ Foster Care (Social Worker's name and contact: ____________________________________)

I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Parent/Guardian signature____ **Date**__________
OR
Unaccompanied Youth signature____ **Date**__________

- -

For School Personnel Use Only

If student is missing enrollment records, please contact the student's previous school for records. The following records are still missing:

☐ Birth certificate ☐ Immunizations ☐ Medical records ☐ Prior academic records

Registrar's signature____**Date**__________

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act or ESSA:

Building McKinney-Vento Liaison signature____**Date**__________

Maintain a copy in student file
Counselor- Scan a copy to Compliance Specialist /Admin with Interview Questions form

cc: Counselor(s) of sibling(s)