



Graduating students who have skills, knowledge, information and attitudes to become accomplished citizens in the 21<sup>st</sup> century.

## Student Residency Questionnaire

**Do not fill out this form if Section A does not apply to you.**

This questionnaire addresses provisions of the McKinney-Vento Act of 2001. Your answers will help determine services such as Free and Reduced lunch, possible bus transportation, enrollment assistance, and tutoring.

### Where is the student currently living?

<b>Section A</b>  <input type="checkbox"/> In a shelter: _____  <input type="checkbox"/> Awaiting Foster Care: _____  <input type="checkbox"/> In a motel or hotel  <input type="checkbox"/> In a car, camping, "couch surfing," on the streets	<input type="checkbox"/> Doubled up with friends or family  <input type="checkbox"/> In kinship care (NOT legal guardian)  <input type="checkbox"/> In transitional housing: Family Promise, HRDC  <input type="checkbox"/> Unaccompanied youth (not in the physical custody of a parent or guardian)
<b>Section B:</b> In the past 24 months has your child attended: <input type="checkbox"/> 1 school or less <input type="checkbox"/> 2-4 schools <input type="checkbox"/> more than 4 schools	

**Student(s) Name(s):** \_\_\_\_\_  
 \_\_\_\_\_

**Grades:**    PK    K    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>  
 9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

**School(s) enrolling in:**    Heck/Quaw    Saddle Peak    Ridge View    MS    HS

**Current Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Numbers: Cell/Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Message:** \_\_\_\_\_

**ALL children in the household (include names, schools, grades and ages):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Services requested** (NOTE: these services only apply if you checked a box in Section A):

- School Enrollment**
- Tuition Waiver**
- Transportation**
- Academic Support** (*tutoring, transfer of school records, etc.*)
- Family Advocacy** (*referrals and support for housing, medical dental and mental health, child development, social services, etc.*)

I understand that by checking a box in **Section A** and indicating my child attended more than one school in **Section B**, that Belgrade School District may share information regarding my child's grades, progress, and tutoring information to determine eligibility for and placement with services to help ensure my child's academic success.

\_\_\_\_\_  
**Parent/Guardian/Unaccompanied Youth Signature**

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

\*\*\*\*\* For Administrative Use Only \*\*\*\*\*

**Referred by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_

**How was qualification determined?** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(e.g., meeting w/student, conversation w/parent, counselor, enrollment, etc.)

**If unconfirmed or third party, verification to be completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confirmed by:** \_\_\_\_\_ **Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Use space below for notes (e.g., include information that determined decision as to whether the student is eligible for services within the McKinney-Vento Act, as well as determination for school enrollment and other requested services):