

River Valley School District Student Residency Questionnaire

Dear Parent /Guardian,


Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren). Thank you for your cooperation.

1. Student name: _____ Birth Date: _____

2. Person Completing form: _____

Relationship to child: _____

3. In what type of setting is the student living now? Please check one box below:

Section A	Section B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as regular sleeping accommodations</p> <p>CONTINUE to question 4 if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply to my family.</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>If you checked this section, you do not need to complete the remainder of this form. Submit this form to school personnel.</p> <p>Thank you</p>

4. Contact number for person completing the form: _____

5. Address where the student is now living: _____

6. The student lives with: Check all that apply
 Parent (s) or legal guardian Relative, friend(s), or other adults(s)
 Alone Other: _____

7. School student attended last: _____

Address of school: _____

Telephone number of school: _____

Contact person at school (if known): _____

8. Does the student have an IEP or a Chapter 15/504 agreement?

____ NO

____ YES, please explain _____

Signature of Parent/Legal Guardian:

Date: _____