



WESTPORT COMMUNITY SCHOOLS

Student Name: _____ **DOB:** _____ **Grade:** _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C 11435. The answers to this residency information will help us to determine the services your child may be eligible to receive.

1. Is your current address a **temporary / emergency** living arrangement? Yes___No___
2. Is this living arrangement due to loss of housing, economic hardship or similar reasons? Yes___No___

If you answered **YES** to the above questions, please complete the remainder of this form. If you answered **NO**, you may stop here.

Where is the student presently living? (Check one box)

In a motel _____

In a shelter _____

With a family member, friend or acquaintance

Moving from place to place

In a place not designed for ordinary sleeping accommodations (ex. Car, park, campsite, basement, floor, living room)

Other _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Phone _____

Signature of Parent/Legal Guardian: _____ Date _____