

# Student Residency Questionnaire

School Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male Female Grade: \_\_\_\_\_  
Month / Day / Year

**The answer you give below will help determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.**

Where is the student currently living? (Please check **one** box.)

- Permanent housing (if previously homeless: regained permanent housing on Date: \_\_\_\_\_ )
- Homeless shelter
- Victim shelter
- Doubled-Up (temporarily with another family member or other person due to loss of housing or economic hardship)
- Motel/Hotel
- Other location (e.g. in a car, park, bus, train, or campsite)
- Other temporary living arrangement (please describe): \_\_\_\_\_
- Not currently living with guardian
- Unknown

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check if new address/phone number

*Presenting a false record or falsifying records is an offense punishable by federal and state law. By signing below, you attest that all information provided on this form is true and accurate.*

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***For School Use Only:***

I certify the above named student is \_\_\_\_\_ eligible \_\_\_\_\_ ineligible to receive services under the McKinney-Vento Act including participation in the Child Nutrition Program

\_\_\_\_\_  
Date McKinney-Vento Liaison Signature