

Student Residency Questionnaire

—CONFIDENTIAL—

Revision 9-2023

Date of Form Completion _____

Name of Student: _____ Birth Date: ____/____/____
Last First Middle Month – Day – Year
Age: _____ Grade: _____ Sex: Male Female School Year: _____
School (Circle) CES FCHS FES IVE WES

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11431 et seq.) re-authorized in Dec. 2015 by ESSA. Answers to this residency questionnaire help determine services the student may be eligible to receive.

If you answered "YES" to the following questions on the online registration, please complete the information below the line.

1. Is the student's current address a temporary living arrangement? Yes No
2. Is this living arrangement due to loss of housing or economic hardship? Yes No
3. Is the student unaccompanied (living in a household where no one is the parent or legal guardian)? Yes No

Where is the student presently living?

- | | |
|--|--|
| <input type="checkbox"/> Doubled up with more than one family or relative | <input type="checkbox"/> Awaiting foster care placement (could be temporary or emergency placement). |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> In foster care with a qualified foster care family |
| <input type="checkbox"/> In a motel | <input type="checkbox"/> With a stepparent, grandparent, relative, or caretaker that is NOT a legal guardian |
| <input type="checkbox"/> Moving from place to place | <input type="checkbox"/> With friend(s) or alone. |
| <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite | <input type="checkbox"/> Other: (Please describe.) _____ |
| <input type="checkbox"/> In housing that is inadequate or substandard. | |

The student is in need of assistance with the following: (Check any that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Enrollment/Transfer – Other School _____ | Missing Documentation |
| <input type="checkbox"/> Transportation to and from school | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> School Clothing | <input type="checkbox"/> School Records <input type="checkbox"/> Custodial Documentation |
| <input type="checkbox"/> School Program Participation Assistance | |

Name of person living in household responsible for this student _____

Relationship (check one): Parent Legal Guardian Self
 Foster Parent Caretaker (grandparent, stepparent, relative, or other adult)

Current Address _____ Zip _____ Phone _____

Contact Information (phone, email, etc.): _____

How long have you lived at this location? _____

If student is not residing with Parent/Legal Guardian, give parent/guardian's name, address & contact information:

Does this student have siblings of any age? Yes No List name/age/current school attended of each:

I understand that the student listed above may be eligible for services based on McKinney-Vento Act re-authorized in Dec. 2015 by ESSA. A school official may contact me for additional information. I may also contact the guidance department at my student's school or the FCPS Homeless Liaison for more information.

Parent/Guardian/UA Youth Signature _____ **Date** _____

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FOR OFFICE USE ONLY:

Initial Completion:

Registrar: _____ Check SRQ for completeness Brochure/Signature
Signature/Date Caregiver's Authorization—yes/no Notify School-based Liaison

School-based Liaison: _____ BID – yes/no Notify District Liaison
Signature/Date Entered in PowerSchool Filed in Cumulative

District Liaison: _____ SRQ complete Sibling Check BID Approved – yes/no
Signature/Date Data Spec. Transportation Food Services

Consecutive Year: Information was checked and updated with no change in the homeless designation.

Signature _____ *Date* _____

Notes: