



PORTLAND PUBLIC SCHOOLS

Student Services Questionnaire



This information will be used to help Portland Public Schools address the needs of our students and families.

Student Name: _____ Gender: _____ Grade: _____

Address: _____ Birthdate: _____

Parent/Guardian: _____ Phone #: _____

Does your student receive special education services (IEP or 504)? _____yes _____no

Do you currently receive or believe you may qualify for free or reduced lunch? _____yes _____no

Is the student's parent/guardian, step-parent or sibling currently in the military? _____yes _____no

Is your child's native language (first) tongue a language other than English? _____yes _____no
If yes, which language? _____

Is the primary language used in your child's home or environment a language other than English? _____yes _____no
If yes, which language? _____

Who does your student live with most (most days of the year)?
 _____ biological mother _____ biological father _____ aunt _____ uncle
 _____ other family member _____ grandparent _____ step-parent _____ other

During the school year, where does your student live? (check one box)
The answers you give will help the district 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 do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

<p>Section A</p> <p>_____ In a shelter, a motel, car, camper, etc.</p> <p>_____ Awaiting foster care placement or within first 6 months of placement</p> <p>_____ With another family or person due to loss of housing or economic hardship</p> <p>_____ With more than one family in a house or apartment</p> <p>_____ Other temporary living situation (please describe) _____</p>	<p>Section B</p> <p>_____ Choices in Section A do not apply</p>
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If you checked a box in Section A, complete Section C. If you checked Section B, no need to answer C.

Section C My student lives with:

_____ 1 parent	_____ 1 parent and another adult	_____ alone with no adults
_____ 2 parents	_____ a relative, friend or other adult	_____ an adult that is not the parent/guardian

Signature of Parent/Guardian: _____ Date: _____
By typing my name I am signing this document

Prepared **R**espectful **I**n Control **D**etermined **E**ngaged