

# MCKINNEY-VENTO QUESTIONNAIRE

## STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

School \_\_\_\_\_

Student's Name \_\_\_\_\_  Male  Female

Date of Birth (Month/Date/Year) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Legal Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**1. Where is the student living now?**

- In a shelter  In a motel or hotel  With more than one family in a house or apartment  
 In a car  In a trailer park or campsite  With friends or family members (other than parent/guardian)  
 None of the above  Unaccompanied youth

Additional Details: \_\_\_\_\_

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**2. To your knowledge, was the student listed as eligible under McKinney-Vento in a previous district since the beginning of this school year?**

Yes  No

**3. Name/age of other family members:**

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If you checked the box marked "None of the above" for Question 1 and "No" for Question 2, you do not have to complete the remainder of this form. Please sign below and return this form to your school office.

**4. Does the living arrangement checked in question 1 result from a loss of housing or economic hardship?**

Yes  No  Unsure

**5. The student(s) lives with**

- 1 Parent  2 Parents  1 Parent & another adult  A relative, friend(s) or other adults  
 Alone with no adults  An adult who is not the parent or the legal guardian

PARENT/LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR SCHOOL USE ONLY**

- Student not covered by McKinney-Vento Act  
 Student covered by McKinney-Vento Act  
 Student not currently MV, but eligible for services for the remainder of the school year based on status in a previous district.  
 Follow-up required

**Resources offered:**  Housing  Transportation  Educational  Community Resources  Program Referrals  Free/Reduced Lunch

Name & telephone # of a contact person at the student's school who may know of the family's situation:

Name/Phone # \_\_\_\_\_ Date \_\_\_\_\_