

Staff name submitting form: _____

Phone: _____

Wichita Public Schools
ENROLLMENT RESIDENCY QUESTIONNAIRE
2024-2025

MV Office Only

Date: _____

Qualified: _____

Unconfirmed: _____

Do Not Qualify: _____

This form is intended to address the McKinney-Vento Act 42 U.S.C 11436 and must be completed for each Family. The information is confidential. Please complete the following questions regarding student's housing to help determine if the student qualifies for services under the McKinney-Vento Act.

- ☐ **Are you renting, contributing to the rent or own your own home? If so, **STOP** do not complete form.**
- ☐ **Are you in a Foster home or in JJA Custody? If so, **STOP** do not complete form.**

If one of the above is marked,  Do Not complete the remainder of this form.

Parent/Guardian/Unaccompanied Youth: _____

Phone: _____ Email: _____

Temporary Address: _____ City: _____ Zip Code: _____

Language Spoken in the Home: English: _____ Spanish: _____ Vietnamese: _____ Other: _____

Other Contact: _____ Phone: _____ Family: _____ Friend: _____

1. Is your current address a temporary living arrangement? Yes____ No____ (see examples below)
2. Have you recently lost your housing due to economic hardship or eviction? Yes ____ No____
3. How long have you lived in a temporary situation at your current address? _____month _____years

Living Arrangement: (Must select One)

_____	Living with another person or family temporarily due to eviction, loss of housing or economic hardship
_____	Living in a motel or campground temporarily due to eviction, loss of housing or economic hardship
_____	Living in a shelter, or transitional housing due to eviction, loss of housing or economic hardship
_____	Living in a parked car, abandoned building, or other inadequate housing
_____	Student not in the physical custody of a parent or living on their own without parent or guardian support

Please list your children 0-18 years of age living with you in the same residence: May use back of form.

Student Name (First Name, Last Name)	Current School (please list previous school and school district if not currently enrolled in USD 259.	Grade	M/F	Date of Birth	School ID#

I declare under penalty of perjury/fraud under the laws of the United States and the State of Kansas that the foregoing information is true and correct. I accept responsibility for repayment of all funds if found fraudulent.

Signature of Parent, Guardian, or Student: _____ Date: _____

*****Please admit student immediately while documentation is being obtained*****

Instructions for office staff – Please make sure all information is completed and **email form to mvento@usd259.net**. Keep a copy of the completed form. Please have the parent fill out the waiver of confidentiality form and the child nutrition benefit form.