



STUDENT RESIDENCY QUESTIONNAIRE

Name of School _____

Name of Student _____

Last

First

Middle

Sex: Male D.O.B. _____ / _____ / _____ Grade: _____ ID#: _____
 Female *Month Day Year* *(preschool-12)* *(optional)*

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ___Yes ___No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ___Yes ___No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

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

- In a hotel/motel
- In a shelter
- With another family or person because of loss of housing or as a result of economic hardship (living "doubled-up")
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
- Other temporary living situation (Please describe): _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.

Print name of Parent, Guardian, or Signature of Parent, Guardian, or Date
Student (for unaccompanied homeless youth) Student (for unaccompanied homeless youth)

Please send a copy to _____ at the Central Office.

Fax: _____ / _____ / _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act/ESSA.

Date

McKinney-Vento Liaison and/or Foster Care POC Signature