



# WESTPORT COMMUNITY SCHOOLS

## Department of Special Education

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

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

1. Is your current address a **temporary / emergency** living arrangement? Yes \_\_\_ No \_\_\_
2. Is this living arrangement due to loss of housing, economic hardship or similar reasons? 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 presently living? (Check one box)

- In a motel
- In a shelter
- With a family member, friend or acquaintance
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (ex. Car, park, campsite, basement, floor, living room)
- Other \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

It is the policy of the Westport Community Schools to maintain a learning and working environment that is free from harassment, violence or discrimination based on actual or perceived race, color, creed, religion, national origin sex/gender, marital status, homelessness, disability, sexual orientation, gender identity or expression, age, family care leave status, pregnancy or any condition related to pregnancy, or military/veteran status.