



Pupil Personnel Services Office
Home Schooling Housing Questionnaire

Dear Parent/Guardian:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and must be completed for each student. **The information you provided is confidential.** Your child will not be discriminated against based upon the information provided.

Last Name:	First Name:	Middle Name:
Date of Birth:		

Please identify the student's current living arrangements. Please check on box:

Check	Housing Questionnaire Choice
☐	Permanent Housing - student who is living in a fixed regular and adequate housing situation
☐	Doubled Up - with another family or other person because of loss of housing or as a result of economic hardship
☐	Shelter - emergency or transitional shelter
☐	Hotel/Motel – living in what is not an emergency or transitional shelter and involves payment
☐	Other Temporary Living Situation - trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space

Parent/Guardian Name: (print) _____

Date: _____