INDEPENDENT SCHOOL DISTRICT #701
2025-2026 SCHOOL YEAR

Student's Name _____ Grade _____ Sex _____

School Last Attended_____ DOB: _____

Student Lives With (circle one):
Both Parents *Split time between parents*
Mother *Father* *Guardian Foster*

Is the student currently homeless or displaced from the home and living at an alternative residence?
Yes *No*

Between the end of last school year and now were any of your child's parents or legal guardians on active duty with the Army, Navy, Air Force, Marine Corps, or Coast Guard? **Note***: This does include training as a member of any of the five branches, as well as active duty when deployed. It does not include National Guard duty.* *Yes* *No*

Parent/Guardian Contact Information

	Parent/Guardian #1	Parent/Guardian #2
First & Last Name		
Relationship		
Home Address		
Phone Number		
Email Address		
Employer		
Employer's Phone Number		

Additional Emergency Contacts

	Additional Emergency Contacts #1	Additional Emergency Contacts #2	Additional Emergency Contacts #3
First & Last Name			
Phone Number			
Relationship			

Physician/Health Care Provider _____ (Name & Number)

Dentist _____ (Name & Number)

Pharmacy _____ (Name & Number)

List any health concerns your child has: (ex: ADHD, Asthma, Diabetes, Allergies, Headaches, Seizures, Vision/Hearing)

_____

_____

Daily Medications at Home: _____

Daily Medications at School: _____

Health Restrictions/Accommodations: _____

Has your child had any serious illness, accident, surgery or hospitalization in the past year:

_____

Other Information that would be helpful for the nursing staff to know when caring for your child:

_____

X _____ X _____
Signature of Parent/Guardian Date

The nurse will share health information/concerns that may affect a student in a classroom, with appropriate staff, unless otherwise is requested in writing.

STUDENT RESIDENCY QUESTIONNAIRE

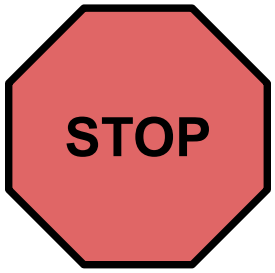
The McKinney-Vento Act, as amended by the Every Student Succeeds Act of 2015 (ESSA), defines the rights of students who live in housing situations that are not fixed, regular or adequate. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren) or yourself if you are an unaccompanied youth who does not live with a parent or legal guardian appointed through the court system. Thank you for your cooperation.

1. Student name: _____ Birth Date: _____

   Person completing form: _____ Relationship to child: _____

2. In what type of setting is the student living now?

Check one box below –

SECTION A	SECTION B
☐ Sharing the housing of other persons due to loss of housing, financial hardship, safety issues, or similar reason ☐ In substandard housing (e.g., lacks water, electricity, or heat; infested with vermin or mold; lacks a functional kitchen or bathroom; or poses unreasonable safety risks) ☐ In an emergency or transitional shelter, including hotels used as shelter ☐ In a motel, hotel, campsites, a place with no no heat or water, due to a lack of alternative adequate accommodations ☐ In a car, park, public spaces, abandoned building, storage unit, garage, bus or train stations, or similar settings ☐ Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings ☐ You are a student separated from your parent or legal guardian due to conflict, domestic violence, safety reasons, abandonment, incarceration of parent, poverty, or runaway **CONTINUE to Question 3 if you checked any box in SECTION A**	☐ None of the choices in Section A apply. **If you checked this section, you do not need to complete the remainder of this form.** Submit the form to school personnel now 

3. Contact number for person completing the form: _____

   Address where student is now living: _____

   _____

4. The student lives with:
   Check all that apply
   - ☐ Parent(s) or court appointed legal guardian
   - ☐ Relative, friend(s), or other adult(s)
   - ☐ Alone
   - ☐ Other: _____

5. Does the student have an IEP or a 504 agreement?
   ☐ NO ☐ YES Please explain:_____

Signature of Parent/Legal Guardian:

_____ **Date:** _____

Signature of Student if Unaccompanied Youth (14 years of age or older):

_____ **Date:** _____

Signature of "hosting" person if Unaccompanied Youth:

_____ **Date:** _____

NOTE TO STAFF: All forms with a checked box in Section A are to be emailed immediately to the McKinney-Vento Liaison, Mr. Bestul, to eliminate any delay in enrollment.