Manville School District

908.231.8500
1100 Brooks Blvd., Manville, NJ 08835 • www.manvilleschools.org

Manville School District Residency Information Sheet

Student's Name: _____ **Grade:** _____

Date of Birth: _____

Parent/Guardian Name(s): _____

Phone number(s): _____

Current Address: _____

Is the student's legal parent/guardian name(s) on the deed, mortgage, or lease?

☐ **Yes**
☐ **No**

Move-in Date: _____

How long do you plan to live at this residence? _____

Previous Address: _____

How long did you reside at the previous address? _____

Last school attended: _____ **City:** _____ **State:** _____

Siblings of the students name(s): _____

School and Grade (if applicable): _____

Please answer ALL of the following questions:

Is this student's home address a temporary living arrangement? _____
Is this a temporary living arrangement due to loss of housing or economic hardship? _____
Is this student in temporary or emergency foster care placement? _____
Is the student not living with a parent or legal guardian? _____

Where is this student currently living? ***(check box)***

☐ With more than one family in a house or apartment
☐ Temporary/emergency foster home
☐ In a motel/hotel- Name of motel/hotel: _____
☐ In a shelter- Name of shelter: _____
☐ Transitional Housing- Name of transitional housing: _____
☐ Group Home- Name of group home: _____

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☐ Moving from place to place or a location not designed for sleeping accommodations (ex. car, park, or campsite)

Please check off all types of transportation accessible to the family:

- ☐ Car
- ☐ Bus
- ☐ Train
- ☐ Other: _____

With whom does the student currently live: ***(check box and or circle where necessary)***

- ☐ Both parents
- ☐ One parent - Mother/Father
- ☐ A relative: _____
- ☐ Friends or other adults: _____
- ☐ An adult who is not a parent or legal guardian: _____

Which parent has legal custody:

- ☐ **Mother**
- ☐ **Father**
- ☐ **Both**

Please describe the current living situation in detail (Ex. What circumstances led you to this current residence?)

_____

_____

_____

_____

_____

_____

_____

Any possibility of violence or abuse in the home?

- ☐ **Yes**
- ☐ **No**

If so, describe and include the school's actions and any other agencies involved:

_____

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In your child's previous school, did he/she receive any of the following: (Check all that apply)

- ☐ My child did not receive any of the following services.
- ☐ Special Education (I.E.P.) /Exceptional Children's Services- Describe: _____
- ☐ 504 Accommodation Plan- Describe: _____
- ☐ English as a Second Language (ESL) services
- ☐ Help for Behavior Improvement
- ☐ Tutoring services
- ☐ Academically or Intellectually Gifted Services
- ☐ Counseling services
- ☐ Other: _____

At this time, what is the greatest need for your child? (check all that apply)

- ☐ School supplies
- ☐ School uniform or clothing: Size(s)
- ☐ Referral for food assistance
- ☐ Medical referral/immunizations
- ☐ Mental health/counseling referral
- ☐ Help for academic improvement
- ☐ Help for behavior improvement
- ☐ Other- Please describe: _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district and (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other district staff members for a legitimate educational purpose. (4) My signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow the district staff to conduct screenings as a part of the district's McKinney-Vento program. (5) I also understand that I must notify the district school district of any changes as soon as they occur.

Parent/Guardian Signature: _____ **Date:** _____

(Or Unaccompanied Youth)

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Below to be completed by the district's McKinney-Vento Liaison

STUDENT_____

DOB_____

AGE_____

IEP

- ☐ **YES**
- ☐ **NO**

STUDENT IS PRESENTLY: ( ) DOUBLED UP ( ) IN A MOTEL/HOTEL ( ) IN A SHELTER ( ) KNOWN TO DCP&P

PRESENT LOCATION:_____ **AS OF:** _____

LAST PERMANENT PLACE OF RESIDENCY:_____ **AS OF:** _____

DISTRICT OF RESPONSIBILITY (D.O.R.):_____

STATEMENT: _____

_____

_____

_____

_____

☐ **Distributed McKinney-Vento Rights and additional information to parent/ guardian**

ELIGIBLE UNDER MC KINNEY-VENTO

- ☐ YES
- ☐ NO

NOTIFICATION SENT TO:

- ☐ SCHOOL
- ☐ B.A.
- ☐ DIR. OF S.S.
- ☐ SCHOOL LUNCH COORD.
- ☐ D.O.R. Date: _____

McKinney-Vento District Liaison Signature: _____ **Date:** _____

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