

# Washington Township Public Schools



Eileen Abbott  
Central Administration Building  
Office of the Director of Data Technology,  
Registration, and School Community  
Outreach  
206 East Holly Avenue  
Sewell, NJ 08080  
(856) 589-6644, ext. 6321

## 2025-26 McKinney-Vento Verification Form Student Residency Questionnaire

**Please be sure to complete all questions!**

Today's Date: \_\_\_\_\_

| Student Name | Student Date of Birth | Age | Grade (2025-26 School Year) |
|--------------|-----------------------|-----|-----------------------------|
|              |                       |     |                             |
|              |                       |     |                             |
|              |                       |     |                             |
|              |                       |     |                             |

1. Please provide the address where you are currently domiciled/living. \_\_\_\_\_

Street Address

City, State, Zip Code

2. On what date did you move to your current address? (month/day/year) \_\_\_\_\_

3. Which best describes the situation at your current address? (check all that apply)

|                          |                                                                                                                                                                                                                                                                 |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | In a motel/hotel<br>Name and address of motel/hotel: _____                                                                                                                                                                                                      |
| <input type="checkbox"/> | In a shelter<br>Name & address of shelter: _____                                                                                                                                                                                                                |
| <input type="checkbox"/> | In a place not designed for ordinary sleeping accommodations (car, park, abandoned building)                                                                                                                                                                    |
| <input type="checkbox"/> | Student is an unaccompanied child or youth who meets the definition of the McKinney Vento Act and is not in the physical custody of a parent or guardian.                                                                                                       |
| <input type="checkbox"/> | In a doubled-up residence with another family <b>(please complete the information below):</b><br><br>Address of temporary residence: _____<br><br>I am residing with: _____ Relationship: _____<br>Name<br>I moved to this residence on (month/day/year): _____ |
| <input type="checkbox"/> | Other (please explain): _____                                                                                                                                                                                                                                   |

See other side

4. The reason I am in my current situation is: \_\_\_\_\_

5. Are your current living accommodations temporary? ☐ Yes ☐ No Please explain: \_\_\_\_\_

6. What was your last permanent address? \_\_\_\_\_

7. Where else have you lived since you left your last permanent residence? (Please provide the dates you resided there) \_\_\_\_\_

8. What was the name of your child's previous school? \_\_\_\_\_

9. Under McKinney-Vento law, your child may be able to remain at their former school (outside of Washington Township). Please select one of the options below.

\_\_\_\_ I wish to register my child in the Washington Township School District.

\_\_\_\_ I prefer that my child continues at their former school district.

10. Does your child need bus transportation for the 2025-26 school year? ☐ Yes ☐ No

11. I certify that the above information is true to the best of my knowledge. \_\_\_\_\_

Initial Here

*Attention Parent/Guardian: The State of New Jersey requires us to notify and bill your former school district for your child's tuition if you are in a homeless situation. This information is confidential and does not affect your child's enrollment. However, if you file a fraudulent claim, you may be held liable for the student's tuition. You must notify the Registration Office when you re-establish a permanent residence.*

*Under the McKinney-Vento program, your child may be eligible for additional assistance through Gloucester County Special Services. Release forms are attached.*

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

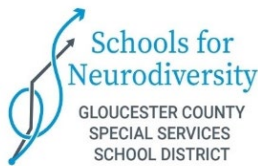
Parent/Guardian Email Address: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

CC: WTPS Homeless Liaison / Special Education / Transportation / Food Services / Business Office /  
Gloucester County McKinney-Vento Program

Site: \_\_\_\_\_



**Gloucester County Special Services School District**  
**1340 Tanyard Road**  
**Sewell, NJ 08080**  
**Ph: 856-468-6530 Ext. 1053    Fax: 856-468-0851**

## **McKINNEY-VENTO REGIONAL EDUCATION PROGRAM**

**FOR STUDENTS IN GLOUCESTER, CAMDEN, ATLANTIC, SALEM, CUMBERLAND, CAPE MAY  
AND BURLINGTON COUNTIES**

This is to verify that for as long as my child(ren) is/are eligible for Gloucester County Special Services School District McKinney Education Program services, I give permission to the district staff or representatives to provide supplemental instructional health and supportive services to my child(ren).

| <b>Name</b> | <b>Gender</b> | <b>Date of Birth</b> | <b>Local Student I.D. NJ Smart (SID)</b> | <b>School</b> | <b>Grade</b> |
|-------------|---------------|----------------------|------------------------------------------|---------------|--------------|
|             |               |                      |                                          |               |              |
|             |               |                      |                                          |               |              |
|             |               |                      |                                          |               |              |
|             |               |                      |                                          |               |              |

I am willing to assume full responsibility for my child(ren)'s safety in connection with McKinney Education-funded or related activities.

I also hereby authorize the public or private school district to release to the Gloucester County Special Services School District McKinney Program all records relating to my child(ren), including academic, health and dental information.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Parent's/Guardian's Names:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Present Phone Number/email address:** \_\_\_\_\_

**School District:** \_\_\_\_\_

The McKinney-Vento Program may be able to provide assistance in the following areas. Please check areas of need, if any:

\_\_\_ **Backpack/School Supplies**

\_\_\_ **Tutoring**

\_\_\_ **Advocacy Services**

\_\_\_ **Temporary Transportation to/from School**

\_\_\_ **Counseling Referral**

\_\_\_ **Declined McKinney-Vento Services**