Bedminster Township School District
Residency Information Sheet

Student's Name: _____ Date of Birth: _____ Grade:

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 student's name(s):	School & Grade (if applicable):
_____	_____
_____	_____
_____	_____

Please answer all of the following questions:

Is this student's home address a temporary living arrangement?	☐Yes ☐No
Is this a temporary living arrangement due to loss of housing or economic hardship?	☐Yes ☐No
Is this student in temporary or emergency foster care placement? Is	☐Yes ☐No
the student not living with a parent or legal guardian?	☐Yes ☐No

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

☐With more than one family in a house or apartment

☐Temporary/emergency foster home

Din a motel/hotel- Name of motel/hotel: _____

Din a shelter- Name of shelter: _____

☐Transitional Housing- Name of transitional housing: _____

☐Group Home- Name of group home: _____

☐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 _____

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

☐Both parents ☐One parent- *Mother/ Father* ☐Which Parent(s) has legal custody? *Mother/Father*

DA relative- Specify which (e.g., grandmother) ----------

☐Friends or other adults- please identify _____

☐An adult who is not a parent or legal guardian- please identify _____

3. Describe the current living situation in detail (Ex, What circumstances led you to this current residence?):

_____

_____

_____

_____

4. Any possibility of violence or abuse in home? □ Yes □ No
If so, describe and include the school's actions and any other agencies involved: _____

_____

_____

_____

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 (1.E.P.) /Exceptional Children's Services- Describe:_____

0504 Accommodation Plan- Describe: _____

☐English as a Second Language (ESL) services ☐Help for Behavior Improvement ☐Tutoring Services

☐Academically or Intellectually Gifted services ☐Counseling services ☐Other

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

☐School supplies

☐School uniform or clothing: Size(s) _____

☐Help for academic improvement

☐Help for behavior improvement

☐Referral for food assistance

☐Medical referral/immunizations

☐Mental health/counseling referral

☐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)

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

STUDENT_____DOB_____AGE_____GRADE__ 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 the parent/ guardian

ELIGIBLE UNDER MC KINNEY-VENTO ( ) **YES**) **NO** ( ) _____

NOTIFICATION SENT TO:☐SCHOOL - ☐ B.A. - ☐ DIR.OFS.S. - ☐ SCHOOL LUNCH COORD. - ☐ D.O.R. Date: _____

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

Revised 4/2018