Your District
Student Residency Questionnaire

The McKinney-Vento, as amended by the No child Left behind Act of 2001, defines homelessness and outlines the rights homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of you child(ren). Thank you for your cooperation.

1. Student name: ________________________ Birth Date: __________________

2. Person Completing form: ____________________________
   Relationship to child: _____________________________

3. In what type of setting is the student living now? Please check one box below:

<table>
<thead>
<tr>
<th>Section A</th>
<th>Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ In an emergency or transitional shelter</td>
<td>____ None of the choices in Section A apply to my family.</td>
</tr>
<tr>
<td>____ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</td>
<td>If you checked this section, you do not need to complete the remainder of this form. Submit this form to school personnel.</td>
</tr>
<tr>
<td>____ In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</td>
<td>Thank you</td>
</tr>
<tr>
<td>____ In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</td>
<td></td>
</tr>
<tr>
<td>____ Other places not designed for, or ordinarily used as a regular sleeping accommodations for human beings</td>
<td></td>
</tr>
</tbody>
</table>

CONTINUE to question 4 if you checked any box in SECTION A

4. Contact number for person completing the form: _____________________________

5. Address where the student is now living: ________________________________

6. The student lives with: Check all that apply
   ____ Parent(s) or legal guardian  ____ Relative, friend(s), or other adults(s)
   ____ Alone  ____ Other: ________________________________
7. School student attended last: __________________________________
   Address of school: ____________________________________________
   Telephone number of school: _________________________________
   Contact person at school (if known): ___________________________

8. Does the student have an IEP or a Chapter 15/504 agreement?
   _____ NO
   _____ YES, please explain ______________________________________

The staff person who is helping you register will contact the Homeless Liaison/Homeless Coordinator to review the information provided. If homelessness is verified, additional information will follow to assist your child(ren). You will be contacted by the Homeless Liaison or Homeless Coordinator for additional information.

Signature of Parent/Legal Guardian:
____________________________________________________________
Date: ________________________________________________________

NOTE TO STAFF: All forms with a checked box in Section A are to be faxed or given immediately to the Homeless Liaison to eliminate any delay.

Your District Liaison
______________________________

Regional Homeless Coordinator
Andrea Sheesley, IU28
724-463-5300 ext. 1235