

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:

Section A	Section B
<p>_____ In an emergency or transitional shelter</p> <p>_____ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p>_____ In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p>_____ In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p>_____ Other places not designed for, or ordinarily used as a regular sleeping accommodations for human beings</p> <p>CONTINUE to question 4 if you checked any box in SECTION A</p>	<p>_____ None of the choices in Section A apply to my family.</p> <div style="text-align: center;">  </div> <p>If you checked this section, you do not need to complete the remainder of this form. Submit this form to school personnel.</p> <p>Thank you</p>

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