



Rockford Public Schools

Quality Community – Quality Schools
Together Building a Tradition of Excellence

Student Residency Questionnaire

Note: This questionnaire is intended to address the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C. 11435. Answers to this residency information help determine the services the student may be eligible to receive through our district/school Homeless Liaison.

Name of Student:

_____ (Last) (First) (Middle)

School: _____

Student's Date of Birth: ____ / ____ / ____
Month Day Year

Grade: _____

Current Address: _____

Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Presently, where is the student living? (Check one box)

| Section A | Section B |
|--|---|
| <input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car, or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian) <input type="checkbox"/> Other temporary Living Arrangement (please describe) _____ | <input type="checkbox"/> Student lives in permanent housing. Choices in Section A do not apply. |

If the parent/guardian has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and sent the Homeless Liaison immediately after completion. All buildings must keep original forms separately from the Student Permanent Record for audit purposes during the year.

(Continue on reverse side)

Parent/Legal Guardian/Unaccompanied Youth Name:

Parent/Legal Guardian/Unaccompanied Youth Signature:

Date:

Phone:

Presenting a false record or falsifying records is an offense punishable by federal and state law. By signing above, you attest that all information provided on this form is true and accurate.

For School Use Only:

I certify the above-named student is eligible to receive services under the McKinney-Vento Act, including participation in the Child Nutrition Program.

McKinney-Vento District Liaison Signature

Date