## **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.

(Last)	(First)	(Middle)
School:	· · · · · · · · · · · · · · · · · · ·	
Student's Date of Birth:	// Str	udent UIC:
Grade:	,	
Current Address:		
Phone:		
receive under the McKinney- to immediate enrollment in s who are protected under the services.	-Vento Act. Students who are prochool even when all required do McKinney-Vento Act may also be	nat services you or your child may be able to otected under the McKinney-Vento act are entitled cuments may not be readily available. Students be eligible for transportation assistance and other
Section A	student living? (Check one b	Section B
□ in a shelter	embers (other than	□ 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)

Name of Student:

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:
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