

## Student Residency Questionnaire

Please check the box(es) that describe the area/location in which your child(ren) resides after school hours during the school year. This is vital information for the school's accountability system, so please contact \_\_\_\_\_ if you need further clarification.

Name of Student: \_\_\_\_\_ (DOB) \_\_\_\_\_

Name of School: \_\_\_\_\_ ID# \_\_\_\_\_

- ☐ Student lives in own home or apartment with parents.
- ☐ Student lives with other family members or friends due to economic hardship or loss of housing.
- ☐ Student lives in a trailer park or campground.
- ☐ Student lives in motel or hotel.
- ☐ Student lives in a foster home or is awaiting foster care placement.
- ☐ Student lives in an unsheltered area or place not usually designed as a sleeping accommodation such as a car, park, or abandoned building.
- ☐ Student lives alone without family members or a guardian.
- ☐ Student lives in a shelter.
- ☐ Student lives in a temporary living arrangement not otherwise described above.  
Please describe: \_\_\_\_\_

You may qualify for additional services and supports under the McKinney-Vento Act based upon your living arrangement. A school official may contact you for more information and to see if you qualify.

By signing this form, you certify that the information provided above is accurate.

Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_