

Residency Questionnaire

STUDENT INFORMATION

Last Name
First Name
Middle Name
Date of Birth
Gender
Grade
School

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Title X Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

- | | |
|---|--|
| <input type="checkbox"/> In a permanent residence (house, apartment, condo, mobile home)
<input type="checkbox"/> Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
<input type="checkbox"/> In a shelter or transitional housing program
<input type="checkbox"/> With an adult that is not the legal guardian; or alone without an adult | <input type="checkbox"/> In a motel / hotel
<input type="checkbox"/> Temporarily Unsheltered (car / campsite)
<input type="checkbox"/> Foster Care
<input type="checkbox"/> Other _____ |
|---|--|

Parent/Guardian Signature (required): _____ Date: _____

Please complete the following if you are not in a Permanent Residence.

Sibling Information	
Name	School

Office Use Only	
<input type="checkbox"/> Free or Reduced Price Meals Form Submitted	initials _____
<input type="checkbox"/> Copies to Student file and school homeless liason	_____
<input type="checkbox"/> Mark Infinite Campus	_____
<input type="checkbox"/> Original sent to child welfare and attendance office	_____