

MCKINNEY-VENTO QUESTIONNAIRE

STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

School _____

Student's Name _____ Male Female

Date of Birth (Month/Date/Year) _____ Age _____ Grade _____

Parent(s)/Legal Guardian(s) Name _____

Address _____

City/State/Zip _____

Phone # _____ Email: _____

1. Where is the student living now?

- In a shelter In a motel or hotel With more than one family in a house or apartment
 In a car In a trailer park or campsite With friends or family members (other than parent/guardian)
 None of the above Unaccompanied youth

Additional Details: _____

2. To your knowledge, was the student listed as eligible under McKinney-Vento in a previous district since the beginning of this school year?

Yes No

3. Name/age of other family members:

If you checked the box marked "None of the above" for Question 1 and "No" for Question 2, you do not have to complete the remainder of this form. Please sign below and return this form to your school office.

4. Does the living arrangement checked in question 1 result from a loss of housing or economic hardship?

Yes No Unsure

5. The student(s) lives with

- 1 Parent 2 Parents 1 Parent & another adult A relative, friend(s) or other adults
 Alone with no adults An adult who is not the parent or the legal guardian

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

FOR SCHOOL USE ONLY

- Student not covered by McKinney-Vento Act
 Student covered by McKinney-Vento Act
 Student not currently MV, but eligible for services for the remainder of the school year based on status in a previous district.
 Follow-up required

Resources offered: Housing Transportation Educational Community Resources Program Referrals Free/Reduced Lunch

Name & telephone # of a contact person at the student's school who may know of the family's situation:

Name/Phone # _____ Date _____