



Residency Questionnaire

Parent/Guardian:

Please complete the following questions in order to help determine services your child may be eligible to receive. Include ALL children living in the home, even those not currently in school. The information you provide is confidential.

Note to Agency: Please assist families in filling out this form. Please identify the children current living arrangements. Please check one box:

Check (✓)	Residency Questionnaire Choice	School Use Only
	Unknown nighttime residence.	A
	Emergency or transitional shelter.	S
	Hotel or motel (that is NOT an emergency or transitional shelter and involves payment).	H
	With an adult who is not a parent or guardian, or alone without an adult	U
	RV park, campground, car, park, public places, abandoned building, street, or any other inadequate living space.	T
	With another family or other person because of loss of housing or as a result of economic hardship.	D
	Permanent	P

First	Child's Name Last Mother's maiden name	M/F	D.O.B.	Grade/ if applies	School/ if applies

The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Child Signature Date

(Area Code) Phone Number Street Address City State Zip

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title X, Part C, Federal McKinney-Vento Assistance Act 42, U.S.C11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.