Residency Questionnaire for Students

Monahans-Wickett-Pyote Independent School District
Cullender Kindergarten

PART I

Name of Student:_____ Sex: ☐ Male ☐ Female
Last First Middle

Birth Date:_____ Age:_____ Social Security Number:_____
(Month/Day/Year)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11434a(2). The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ YES _____ NO

2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ YES _____ NO

If you answered "YES" to the above questions, please complete the remainder of this form.
If you answered "NO", you may stop here.

PART II

Where is the student presently living? *(Check only one box)*

☐ In a motel ☐ In a shelter ☐ With more than one family in a house or apartment

☐ Moving from place to place

☐ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

Name of Parent(s)/Legal Guardians(s):_____

Address:_____ Zip_____ Phone:_____

Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or costs. (TEC §25.002(3)(d))

Signature of Parent/Legal Guardian:_____ **Date:**_____

PART III

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

_____ _____
Date **McKinney-Vento Liaison Signature**