Homeless Student Residency Form

This form is required to address the McKinney-Vento Act. Your answers will help district officials determine services your student may be eligible to receive.

Today’s date ____________________________

Student 1: First name__________________________________   Last Name__________________________________
Grade in school_______   Birth date (MM/DD/YYYY)_________________   Circle one:   Male     Female

Student 2: First name__________________________________   Last Name__________________________________
Grade in school_______   Birth date (MM/DD/YYYY)_________________   Circle one:   Male     Female

Student 3: First name__________________________________   Last Name__________________________________
Grade in school_______   Birth date (MM/DD/YYYY)_________________   Circle one:   Male     Female

Student 4: First name__________________________________   Last Name__________________________________
Grade in school_______   Birth date (MM/DD/YYYY)_________________   Circle one:   Male     Female

(Additional students in the same household may be entered on the reverse side of this form.)

1. Is your current address a temporary living arrangement?  ❑ YES  ❑ NO
2. If YES, is your temporary living arrangement due to loss of housing or economic hardship?  ❑ YES  ❑ NO

If you answered YES to both questions, please complete the remainder of this form.  If you answered NO to either question, you may STOP HERE.

Where do the student(s) currently live? Must select one:

❑ Temporarily with another family (due to loss of job, loss of housing, etc.)
❑ In a motel/hotel
❑ Moving from place to place
❑ In a shelter/transitional housing
❑ Unsheltered (campground, car, park, or other place not designated for permanent housing)

Does the student(s) above live alone without parental support (living independently)?  ❑ YES  ❑ NO

Name of parent or legal guardian____________________________________________________________
Please print:  First name                                                     Last name

Address__________________________________________________________________________________
Address                                           City                                                              State                          ZIP code
Parent/guardian phone number (________)______________________________
Signature of parent or legal guardian_____________________________________Date________________

When this form is complete, please submit it to your child’s school office. For additional information, contact the Superintendent and McKinney-Vento Act Coordinator or by calling your child’s school.