RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student Parent/Guardian		in
School	Phone	Age
Grade D.O.B		
Address		City
Zip Code		
Is this address Tempora	ry or Permanent? (circle one)	
Please choose which of	the following situations the student curr	ently resides in (you can choose more than one):
Motel, car, or cam Shelter or other t		n to parent/guardian)
If you are living in share	d housing, please check all of the followi	ng reasons that apply:
Loss of housing Economic situatio Temporarily wait Provide care for a Living with boyfri Loss of employme Parent/Guardian Other (Please exp	ing for house or apartment a family member end/girlfriend ent is deployed	
Are you a student under	r the age of 18 and living apart from you	r parents or guardians? Yes No
	Residency and Educatio	nal Rights
 Immediate enrollment if they do not have all of separated or treated diff Transportation to the 3) Access to free meals, 	the documents normally required at the erently due to their housing situations; school of origin for the regular school da	local school where they are currently staying even a time of enrollment without fear of being
Any questions about the	se rights can be directed to the local Mc	Kinney-Vento Liaison at 614-262-1111 or the State

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Coordinator at 614-387-7725.