

2010-11

Student's name (please print) _____

Parent's name (please print) _____ Homeroom Teacher: _____

MONROE COUNTY SCHOOLS Student Residency Questionnaire

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. **If the child is not staying with his/her parent(s) or guardian(s), use the Caregiver Authorization Form to address guardianship issues.**

Where does the student stay at night?

____ in an emergency shelter

____ in another location that is not appropriate for people (e.g., an abandoned building)

____ in a motel/hotel

____ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)

____ in a car

____ other (in an arrangement that is **not** fixed, regular, and adequate, and is not described by the other choices)

____ at a campsite

____ **NONE OF THE ABOVE CHOICES APPLY (sign below and do not complete form)**

Parent signature: _____

Date: _____

Name of school: _____ Date enrolled: _____

Name of student: _____ Date of birth: _____

I (name) _____ declare as follows:

I am the parent/legal guardian of (name of student) _____.

who is of school age and is seeking enrollment in (name of school) _____.

Since (date) _____, our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form (please print): _____

Signature: _____ Date: _____

Address: _____

Phone number(s): _____

I can be reached for emergencies at: _____