Student Residency Questionnaire

Student: _____ **Gender:** M or F **Date of Birth:** _____/_____/____
Last First Middle

Names of Parents or Legal Guardians: _____**Phone:** _____

Current Address: _____
Street City State Zip

Alternate Contact Person: _____**Phone:** _____

Please list all children (newborn – age 22) living in this home.

Student Name	Date of Birth	Gender	Name of School/Preschool/Daycare

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and other federal guidelines to determine if your child qualifies for any additional services. *Please remember that presenting a false record or falsifying records is an offense under OCGA 16-10-20.*

1. Do you anticipate the current address is a temporary (less than a year) living arrangement? _____Yes _____No

2. Is the student's living arrangement due to loss of job? _____Yes _____No

3. Is the student permanently relocating from a family shelter or group home? _____Yes _____No

Please check if the student is presently living in any of the situations listed below. (Check on box)

☐ In a motel/hotel/lodge

☐ In an emergency or transitional shelter

☐ Temporarily with more than one family in their house or apartment due to job loss

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

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

Please send to School Social Worker at Central Office (through courier)