



STUDENT RESIDENCY QUESTIONNAIRE

ABOUT THIS DOCUMENT

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

Presenting a false record or falsifying records is an offense under O.C.G.A. 16-10-20, and enrollment of the child under false documents subjects the person to liability for tuition or other costs.

STUDENT INFORMATION

Last Name	First Name	Middle Name	Grade
_____ / _____ / _____	_____	_____	_____
Birthdate	Social Security #	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____		
Sibling Information			
List siblings living in the same household:			
Name	Grade	School	
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
Parent/Guardian Information			
Check the box that best describes with whom the student resides:			
<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Legal Guardians	<input type="checkbox"/> Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)	<input type="checkbox"/> Other
Name of person with whom the student resides:			_____
_____	_____	_____	
Last Name	First Name		
_____	_____		
911 Physical Address			
_____		_____	
City, State, ZIP	Length of Time at Present Address	Length of Time at Previous Address	
_____	_____	_____	
Home Phone	Cell Phone	Other Emergency Phone	
_____	_____	_____	
Name of school where student is enrolled or attempting to enroll	Last District Attended	Last School Attended	
_____	_____	_____	

RESIDENCY INFORMATION

Please check only one box that best describes where the student is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s). If you checked this box, check one or both of the boxes below, if applicable:
 - My home has no electricity
 - My home has no running water
- In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.)
- In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)
- In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, non-profit organization, or other organization)
- In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location.

Factors contributing to the student’s current living situation (check all that apply):

- Natural disaster
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured, or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent/guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (i.e. faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.)
- Economic hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student’s family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own

SIGNATURE

X _____
Signature of Parent/Guardian/Caregiver/Unaccompanied Student Date

For Official Use:

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

X _____
McKinney-Vento Liaison Signature Date