



Questionnaire of Residency Verification & Missing Documentation

Student Name(s): _____ Date: _____

This questionnaire is intended to address the McKinney-Vento Act (P.L. 107-110). Your answers will help the administrator determine residency documents necessary for enrollment of this student.

Presently, where is the student living (Check one box only)

<p>Section A:</p> <ul style="list-style-type: none"> <input type="radio"/> In Shelter <input type="radio"/> More than one family in house or apartment <input type="radio"/> In motel, car or campsite <input type="radio"/> With friends or family members (other than parent/guardian) <input type="radio"/> Moving from place to place <p>CONTINUE: <i>if you checked a box in Section A. Complete Section C & D below and the remainder of this form</i></p>	<p>Section B:</p> <ul style="list-style-type: none"> <input type="radio"/> IF Choices in Section A DO NOT Apply STOP: <i>If you checked this section, you only need to sign this form and submit it to school personnel. Fill out enrollment form next</i>
<p>Section C: The student lives with:</p> <ul style="list-style-type: none"> <input type="radio"/> 1 Parent <input type="radio"/> 2 Parents <input type="radio"/> 1 Parent and another adult <input type="radio"/> Alone with no adults <input type="radio"/> A relative, friend(s) or other adults(s) <input type="radio"/> An adult that is not the parent or legal Guardian 	<p>Section D: Living Arrangements:</p> <ul style="list-style-type: none"> <input type="radio"/> Is your current address below a temporary living arrangement? <input type="radio"/> If checked is temporary living arrangement due to loss of housing or economic hardship and what is the estimated time I will be residing here: Estimate Time: _____

This form must be completed whenever a parent/student cannot verify that she/he owns or rents a residence. A proof of residence is required from the person that owns the address you are staying at. Each Public School District has their own criteria for accepting Proof of Residence. Attached is my Proof of Address.

Public School District of Residence: _____

Parent/Legal Guardian Name: _____

Although I do not own or rent a residence, this is to verify that I am the custodial parent of my child (ren), named above, and my current Temporary or Permanent residence is:

Address of Residence, City, State, Zip Code _____

Where we are living as guests of:

Name of legal resident of address above (Please Print) _____
who () owns or () rents this residence.

Telephone Number _____

Should I change this, my permanent or temporary residence, I agree to notify the school immediately if my residence changes or status of Box "B changes"

I certify that the above information is correct and the above named parent and student rent/reside in my home and will provide Proof of Residence documents as required by attending Public School District.

Signature of Residence Owner/Renter _____

Date _____



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Missing Documentation (Please Check Appropriate Boxes)

- Proof of Residency
- Birth Certificate
- Social Security Card
- Proof of Guardianship
- Grade Verification
- Parent Photo Identification
- Student Photo Identification

You are being asked these questions because you are missing the above enrollment documents that are required. The McKinney-Vento Homeless Assistance Act (P.L. 107-110) states and localities are required to address barriers in the enrollment of students. Your completion of this affidavit will help us process your Child.

1. Do you understand that giving false information or untrue answers to any question in this affidavit could result in a criminal charge brought against you? Please check YES NO
2. Who are the parent(s) or person(s) having legal custody of the student being enrolled? _____

I am unable to present a copy of documentation for the items checked above for the following reasons: _____

Parent/Legal Guardian Verification of Information

By signing, I verify that all the information provided is true and verifiable to the best of my knowledge.

Date: (MM/DD/YYYY) _____

Parent/Legal Guardian Name (Must be Printed): _____

Signature: _____

Staff/Employee: _____ Date: _____

Address Verification: _____ Date: _____