

McKinney-Vento Homeless Education Questionnaire

Student's Name: _____

School Year: _____

Birth date _____ Age: _____

Month / Day / Year

This questionnaire is intended to address the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
_____ Yes _____ No
3. Could you be asked to leave at any time with no legal recourse? _____ Yes _____ No

**If you answered YES to any of the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

Where is the student currently living? (Check one box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park or
campsite
- Other _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Phone _____

*Presenting a false record or falsifying records is an offense under Gibbsboro Board of Education
Nonresident policy File Code:5118. Enrollment of a child under false documents subjects the person
to liability for tuition or other costs.*

Signature of Parent/Legal Guardian

Date

For office use

I certify the above named student qualifies for services under provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature