

Student Residency 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