



McKinney-Vento Student Residency Form

By completing this questionnaire, you help the district comply with the McKinney-Vento, Title X part of N.C.L.B. "No Child Left Behind Act." Your answers help the district identify services that students may be eligible to receive. This information is confidential will only be shared with school staff that will assist with your student's education.

Student Name: _____

School: _____

- | | | |
|---|-----|----|
| 1. Is your current address a short-term and temporary living arrangement? | Yes | No |
| 2. If a temporary living arrangement is it due to loss of housing or economic hardship? | Yes | No |

If you answered "NO" to either question, you may stop here.

If you answered "YES" to both of the above questions, please complete the remainder of the form.

Address where you are temporarily staying: _____

Where does your student stay/sleep at night? (Please check one)

___ Living with others in **their** home (Doubled-up w/family, friends, community members.)

*If so, please list whom? _____

___ Living in car/travel trailer/RV/campsite/park (Please circle)

___ Living in a motel/hotel

___ Living in a shelter (or similar)

___ Other, please explain: (i.e.; temporary/in-between permanent foster care placement)

Are there any immediate needs or concerns that we can help your student with?

- | | | |
|--|--|---|
| <input type="checkbox"/> School Meals | <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> School Fees | <input type="checkbox"/> Social Services | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Academic Assistance | <input type="checkbox"/> Other: _____ |

Signature: _____
(circle one) Parent Legal Guardian Unaccompanied Youth Staff Member

Print Student Name Date Contact Info

If you move again throughout the school year, please be sure to notify our school of these changes.

For District use only

The above-name student ___ Does ___ Does Not meet the requirements for the McKinney-Vento Act.

Date entered into Special Programs in Synergy: _____ By: _____

For more information about available services to homeless students call 541-494-6840 or write to 300 Ash St. Central Point, OR 97502 or visit our web site at www.district6.org