



**Student Residency Questionnaire**

Name of School

Name of Student                      Last                      First                      Middle                      Sex: Male                      Female

Birth Date                      Age                      Social Security #

This questionnaire is intended to address the McKinney-Vento 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

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

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Where is the student presently 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

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

Address                      City                      State                      Zip

Phone

*Presenting a false record or falsifying records is an offence under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other cost.*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please return to your child's school.

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

\_\_\_\_\_ Date

\_\_\_\_\_ McKinney-Vento Liason Signature