

STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act and the Fostering Connections Act.

Student's Name: _____ Grade: _____

School: _____ Male ___ Female ___

Signature of Parent/Guardian: _____

Date: _____ Phone: _____

Please check the blank that best fits your child's living situation.

_____ in a single family home (parent(s) and children only.)
STOP! You do not need to complete the remainder of the form.

_____ in a homeless or domestic violence shelter

Address: _____

_____ in a motel, car, camper/campsite

_____ in a dwelling where two or more families reside together

_____ in a group home or residential facility

Name of facility: _____

_____ in a foster home

Name of foster parent: _____

Address: _____

Phone: _____

Custodial agency: _____

IEP: ___yes ___no Classification: _____

School Use Only: (any noted circumstances)

Copy to student file