

ATHENS AREA SCHOOLS STUDENT RESIDENCY QUESTIONNAIRE

Student Name _____

Last
First
Middle

Birth Date: _____ / _____ / _____ Gender: Male Female Grade _____
Month / Day / Year

The answer you give below will help determine your child's eligibility for services under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.

Where is the student currently living? (Please check one box.)

- | | |
|---|---|
| <input type="checkbox"/> Permanent housing
<input type="checkbox"/> Youth shelter
<input type="checkbox"/> Homeless shelter
<input type="checkbox"/> Doubled-Up (temporarily living/staying with another family member, friend, or others <u>due to loss of housing or economic hardship</u>) | <input type="checkbox"/> Foster care placement as of _____ (date)

<input type="checkbox"/> Motel/Hotel
<input type="checkbox"/> Domestic violence shelter
<input type="checkbox"/> Other location (e.g. in a car, park, bus, train, or campsite)
<input type="checkbox"/> Other temporary living arrangement (please describe):

_____ |
|---|---|

Parent/Legal Guardian Name: _____
 Address: _____ Phone _____
 City, State: _____ Zip: _____

Please check if new address or phone number

PLEASE READ: Presenting false information, false records or falsifying records is an offense punishable by federal and state law. By signing below, you attest that all information provided on this form is true and accurate.

Parent/Legal Guardian Signature _____ **Date:** _____

For School Use Only:

I certify the above named student is eligible to receive services under the McKinney-Vento Act including participation in the Child Nutrition Program.

 Date McKinney-Vento Liaison Signature