

Online Registration Questionnaire

This information is collected from the online registration process, and takes the place of the paper version of the Student Residency Questionnaire.

Upon enrollment, this family/youth indicated a nighttime residency that MAY qualify them for McKinney Vento Services.

⇒⇒⇒**Please contact the family/student to verify, and make a referral if applicable.**⇐⇐⇐
Once qualified, all parents/guardians/youth should receive a copy of the parent's educational rights handout .

Name of School _____

Name of Student _____

Birth Date _____ Age: _____ Phone: _____

Is your family residing in any of the following situations?

- Sharing the housing of others due to loss of housing or economic hardship (ex: fire, flood, domestic violence, loss of job, eviction, etc.)
- In a motel or hotel (ex: economic hardship, eviction, fire, flood, etc.)
- In a shelter or transitional housing (due to lack of permanent housing)
- In a place not designed for ordinary sleeping accommodations (ex: car, tent, park, or public place)
- Moving from place to place due to lack of permanent housing
- My home has no electricity or running water

Names of other children:

Name	M/F	Date of Birth	Grade (if school age)	School

If you have questions please contact Christine Craft

Christine.craft@bcsemail.org

Or

Phyllis Davis

Phyllis.davis@bcsemail.org