

RESIDENCY FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all children in your family birth through age 21.

Name of Child	School	Age	Grade	Date of Birth
-				
Derent/Cuardian				
Parent/Guardian				
Address				
City				
Zip Code	Phone Number:			
Is this address Temporary or Perr	nanent? (circle one)			
Please choose which of the follow more than one): House or apartment with p Motel, car, or campsite Shelter or other temporary With friends or family mem	arent or guardian			
If you are living in shared housing Loss of housing Economic situation Temporarily waiting for hou Provide care for a family m Living with boyfriend/girlfrid Loss of employment Parent/Guardian is deployed Other (Please explain)	use or apartment nember end	ollowing reaso	ons that ap	ply: