

# Student Residency Questionnaire

Name of School Meridian Elementary School

Name of Student: \_\_\_\_\_ Sex:  Male  
Last First Middle  Female

Birth Date  / /  Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Month / Day / Year (or student identification number)

**This questionnaire is intended to address the McKinney-Vent Act 42 U.S.C. 1143a(2). 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.**

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: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*Presenting a false record of falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002 (3) (d).*

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

Please send a copy to \_\_\_\_\_ at the Central Office.

Fax: 254-435-2025

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

\_\_\_\_\_

\_\_\_\_\_

Date

McKinney-Vento Liaison Signature