

Return to School Office

POCAHONTAS SCHOOL DISTRICT  
2300 NORTH PARK STREET  
POCAHONTAS, AR 72455  
DISTRICT LIAISON – KATHLEEN FLEMING  
(870) 892-4573 EX. 5008



## 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

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- ☐ House or apartment with parent or guardian
- ☐ Motel, car, or campsite
- ☐ Shelter or other temporary housing
- ☐ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- ☐ Loss of housing
- ☐ Economic situation
- ☐ Temporarily waiting for house or apartment
- ☐ Provide care for a family member
- ☐ Living with boyfriend/girlfriend
- ☐ Loss of employment
- ☐ Parent/Guardian is deployed
- ☐ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?

Yes                  No

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### Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at [Insert phone number] or the State Coordinator at 501-683-5428.

By signing below, I acknowledge that I have received and understand the above rights.

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*Signature of Parent/Guardian/Unattached Youth*

*Date*

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*Signature of McKinney-Vento Liaison*

*Date*



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## Services for McKinney-Vento Identified Students

Student: \_\_\_\_\_

School: \_\_\_\_\_

Grade \_\_\_\_\_

Please check the services needed or desired:

☐ Free Lunch

☐ Transportation to the school of origin

☐ Clothing/Uniform

☐ School supplies

☐ Counseling

☐ Medical/dental referral

☐ Vision referral

☐ Medicaid/DSHS services – food stamps

☐ Preschool Enrollment records

☐ Missing enrollment records

☐ Birth certificate

☐ Immunization/medical records

☐ Tutoring

☐ After-school programs

☐ Teen Center

☐ Mentoring

☐ Special Education

☐ Gifted/talented

☐ Vocational/technical

☐ Community resource

☐ Prior academic records

☐ LEP/Bilingual program

☐ Guardianship issues

\_\_\_\_\_  
Signature of Parent/Guardian/Unattached Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of McKinney-Vento Liaison

\_\_\_\_\_  
Date