

## **ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE**

School District:			
Parent/Guardian:			
(First)	(Last)		(Middle)
Name of Student:			·
(First)	(Last)		(Middle)
Gender: Y Male Y Female Date of E	Birth:/	Age:	Grade: (Preschool-12)
Home Address:			,
City:	Zip:	Phone:	
Is the address listed above Temporal	y or Permanent? (Y/N)		
as proof of residency, school records, protected under the McKinney-Vento  Where is the student currently living House or apartment with parent Motel, car, or campsite? Shelter or other temporary hous With friends or family members  If you are living in shared housing, please of housing Economic Hardship Temporarily waiting for house of Provide care for a family member Living with boyfriend/girlfriend Parent/Guardian is deployed (according to the provide care) Any questions about these rights can	immunization records, or birth Act may also be entitled to from the Property of the Property o	th certificate. Size transportate  to parent/guard  ng reasons that  e)	tudents who are ion and other services.  dian) t apply:
Work Cell Phone: 217-420-0356. Email By signing below, I acknowledge that	ail: <u>kpoland@roe39.org</u>		rights.
, . 5		2	
Signature of Parent/Guardian/Unaccomp	anied Youth		Date
Signature of McKinney-Vento Liaison/Hon	neless Liaison Director	· · · · · · · · · · · · · · · · · · ·	Date