

**Searcy School District
Student Residency Questionnaire**

This form is intended to address the requirements of the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female

Birth Date: ____/____/____
Month Day Year

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.

I, (name) _____ declare as follows:

*I am the parent/legal guardian of (name of student) _____, who is of school age and is seeking enrollment in the **Searcy Public School District**.

Since (date) _____, our family has not had a permanent residence.

Where does the student stay at night? (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

In a place without running water, without sufficient heating, and/or without electricity

Presenting a false record or 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(s)/Legal Guardian(s): _____

Address: _____ Phone: _____

I can be reached for emergencies at: _____

Do you have other students living with you that attend **Searcy School District**? YES NO

If you answered **yes**, please list the names of those students and the school they attend.

*In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

I certify the above named student qualifies for assistance under the provisions of the McKinney-Vento Act.

Signature _____ **Date** _____

Keep the original on file at the school and send a copy to Christine Harrell, McKinney-Vento Liaison.