

## Student Residency Questionnaire

Douglas County School: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M  F

Parent(s) / Legal Guardian(s): \_\_\_\_\_ Phone/Pager: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State / Zip Code: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

**1. Presently, where is the student living? (check one box)**

Section A	Section B
<input type="checkbox"/> Choices in Section B <b>do not apply</b>	<input type="checkbox"/> With friends or family members due to the loss of housing or financial hardship <input type="checkbox"/> In a motel, car or campsite <input type="checkbox"/> In an Emergency Shelter <input type="checkbox"/> A student not living with parent or legal guardian <input type="checkbox"/> Other? Explain _____ _____

**2. The student lives with:**

- |   |  |
|---|--|
| <input type="checkbox"/> 1 (one) parent           | <input type="checkbox"/> a relative, friend(s) or other adult(s)               |
| <input type="checkbox"/> 2 (two) parents          | <input type="checkbox"/> alone with NO adults                                  |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that IS NOT the parent or the legal guardian |

Signature(s) of Parent(s) / Legal Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of Parent(s) / Legal Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**

**Section B** – If Section B is checked, this form **MUST** be completed and returned to school personnel.

**School Contact who may know of the family's situation:**

Name / Title: \_\_\_\_\_ Phone: \_\_\_\_\_