

POST FALLS SCHOOL DISTRICT NO. 273
2017-2018 CONFIDENTIAL RESIDENCY STATUS QUESTIONNAIRE

The answers you give below will help the School District determine what services you or your student may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to other support services.

Presently, where is the student living? *Check one box.*

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| <p>Section A</p> <p><input type="checkbox"/> In a shelter, transitional housing, or awaiting foster care</p> <p><input type="checkbox"/> With more than one family in a house or an apartment due to loss of housing or economic hardship</p> <p><input type="checkbox"/> In a temporary trailer, campground, car, or park</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><u>CONTINUE:</u> <i>If you checked a box in Section A, please complete Question 2 and the remainder of this form.</i></p> | <p>Section B</p> <p><input type="checkbox"/> Choices in Section A do not apply</p> <p><u>STOP:</u> If you checked this Section B, you do not need to complete the remainder of this form. Please sign and date at the bottom of this form and submit it to school personnel. Thank you.</p> |
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| Student Resides With: | |
| <input type="checkbox"/> One (1) parent <input type="checkbox"/> Two (2) parents <input type="checkbox"/> One (1) parent and another adult | <input type="checkbox"/> A relative, friend(s), or other adult(s) <input type="checkbox"/> Alone with no adults <input type="checkbox"/> An adult that is not the parent or the legal guardian |

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|------------------------------|-------------------------------|---------------------------------|-------------------|-------------------|
| School Name: _____ | | | | |
| Student's Legal Name: _____ | Last | First | Middle | Grade: _____ |
| Date of Birth: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Age: _____ | |
| Parent/Legal Guardian: _____ | | | | |
| Address: _____ | | | Home Phone: _____ | |
| | City | State | Zip | Cell Phone: _____ |

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____

FOR SCHOOL OFFICE USE ONLY:

If the parent/guardian has checked Section B above, completion of the form is not required. For any choices in Section A, this form must be immediately routed to the District-appointed Homeless Liaison. For audit purposes, the original form must be kept separately from the Student's Permanent Record.

Name of school personnel who may have knowledge of the student's family/living situation: _____

School Personnel Signature: _____ Student EDUID: _____ Date: _____