

BRUNEAU GRAND VIEW JOINT SCHOOL DISTRICT #365

Standard Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

1. Presently, where is the student staying **at nighttime**? *Check one box*

Section A	Section B
<input type="checkbox"/> in a shelter, transitional housing, or awaiting foster care <input type="checkbox"/> with more than one family in a house or an apartment due to loss of housing or economic hardship <input type="checkbox"/> In a temporary trailer, campground, car, or park <input type="checkbox"/> In a hotel or motel <p>CONTINUE: <i>If you checked a box in Section A, complete #2 and the remainder of this form.</i></p>	<input type="checkbox"/> Choices in Section A do not apply <p>STOP: <i>If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel. Thank you.</i></p>

2. The student lives with:

- | | |
|--|---|
| <input type="checkbox"/> 1 parent
<input type="checkbox"/> 2 parents
<input type="checkbox"/> 1 parent & 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 |
|--|---|

School _____

Name of Student _____ Male Female

Birth Date ____ / ____ / ____ Age ____ Social Security # _____
mm dd yyyy
 (if applicable)

Name of Parent(s) Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

School Use Only – Campus Administrator’s determination of Section A circumstances:

If the parent/guardian has checked Section B above, completion of form is not required. For any choices in Section A, this form must be immediately routed to appropriate personnel. The original form must be kept separately from the Student Permanent Record for audit purposes during the year.

The name and phone number of a school contact person who may know of the family’s situation:

_____ Date Distributed: _____