**CHARLEROI AREA SCHOOL DISTRICT**

Student Residency Questionnaire

Dear Parent/Guardian:

Your response to these questions will assist us in determining if your student would be eligible for services provided under the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act).

Thank you for your cooperation.

Today’s Date \_8/22/2016 Student Name Click here to enter text.

Grade: Choose an item. Birth Date \_Click here to enter text.\_\_ Gender: 

*If you selected “****no”*** *to be above questions, please* ***STOP*** *here, you do not need to complete the remainder of this form. Submit this form to school personnel now.*

Address (where you are currently living) \_\_Click here to enter text.

Parent/Guardian with whom student is registered \_\_Click here to enter text.

If not parent what is your relationship to child \_Click here to enter text.

**Is this a temporary living arrangement **

**Is your current temporary living arrangement due to loss of housing or economic hardship **

*If you selected “****no”*** *to be above questions, please* ***STOP*** *here, you do not need to complete the remainder of this form. Submit this form to school personnel now.*

♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦

*ALL INFORMATION IS CONFIDENTIAL*

1. Where is your student currently living?





*Name of hotel/motel \_*Click here to enter text.



 *Name & address of shelter or foster family*\_Click here to enter text.



 *Briefly describe:* Click here to enter text.

1. How long do you anticipate living at this location? Click here to enter text.
2. Check the box that best describes with whom the student resides. (please provide names)

  

  Click here to enter text.

 \_Click here to enter text.

  Click here to enter text.

1. Name of person(s) (and relationship) your family is doubling up with (if applicable)

Click here to enter text.

 Address: Click here to enter text.

 Phone #s Click here to enter text.

1. What is the contributing factor for the student’s current living situation: (check all that apply)







 

 



*Briefly explain the contributing factors for current living situation*\_Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian/Unaccompanied Student Date

♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦

≈FOR ELEMENTARY CENTER/MIDDLE/HIGH SCHOOL OFFICE USE ONLY≈

PA Secure ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does student have an IEP? Yes No

Youth who fit the McKinney-Vento definition of homeless AND is not in the physical custody of a parent or legal guardian. No age range specified. Example: young child not in physical custody of parent or legal guardian, though living with a caregiver, **and living in a situation that is *not* fixed, regular, and adequate**, would be identified as unaccompanied homeless youth.

Unaccompanied Youth Yes No

All identified students will receive free lunches for the remainder of the school year.

Please list any services you are requesting for newly identified students

 Transportation Referral: medical/dental/other health services

 School Supplies Referral to other programs and services

 Counseling Addressing needs related to domestic violence

 Other: any other service you see fit, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Building Office Personnel Signature)

District Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (District EHCYP Liaison) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please send completed form to the middle school office*

Updated 2-27-15