

For Office Use Only
Date/Time Received: _____
 Entered into MyNHA

STUDENT RESIDENCY QUESTIONNAIRE

Please Print.

School Name: _____ School Year: _____

Student Name: _____
Last First Middle

Date of Birth: _____ Grade Entering: _____ (2016-2017 school year) Gender: Male Female
(MM/DD/YYYY)

The answer you give below will help determine what services you or your child 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.

Has either parent or guardian served in the U.S. Military Services: Yes No

Please check **one** box.

Where is the student currently living?

- Permanent Housing
(if previously homeless: regained permanent housing on _____ Date)
- Homeless Shelter
- Youth Shelter
- Victim Shelter
- Doubled-Up (temporarily with another family member(s) or other person(s) due to loss of housing or economic hardship)
- Motel/Hotel
- Transitional Housing
- Foster Care (awaiting placement or within first six months of continuous care)
- Unsheltered (e.g. in a car, park, bus, train or campsite)
- Other temporary living arrangement (please describe): _____

Parent/Legal Guardian Name: _____
Last First

Address: _____ Phone: (____) _____
City, State: _____ Zip: _____

Please check if new address/phone number

Other children living in the home:

- Name: _____ Birth Date: ____/____/____ School: _____
- Name: _____ Birth Date: ____/____/____ School: _____
- Name: _____ Birth Date: ____/____/____ School: _____
- Name: _____ Birth Date: ____/____/____ School: _____

Presenting a false record or falsifying records is an offense punishable by federal and state law. By signing below, you attest that all information provided on this form is true and accurate.

Parent/Legal Guardian Signature: _____ Date: _____

For Office Use Only
I certify the above named student is eligible to receive services under the McKinney-Vento Act including participation in the Child Nutrition Program

Date McKinney-Vento Liaison Signature