

## STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act and the Fostering Connections Act.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Are there any **custody or legal documents** regarding this student? No \_\_\_ Yes \_\_\_  
*(If "yes", the parent is responsible for providing copies to the school.)*

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Please check the blank that best fits your child's living situation.**

\_\_\_\_\_ in a single family home (parent(s) and children only.)

**STOP! You do not need to complete the remainder of the form.**

\_\_\_\_\_ in a homeless or domestic violence shelter

Address: \_\_\_\_\_

\_\_\_\_\_ in a motel, car, camper/campsite

\_\_\_\_\_ in a dwelling where two or more families reside together

\_\_\_\_\_ in a group home or residential facility

Name of facility: \_\_\_\_\_

\_\_\_\_\_ in a foster home

Name of foster parent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Custodial agency: \_\_\_\_\_

IEP: \_\_\_ Yes \_\_\_ No      Disability: \_\_\_\_\_

**School Use Only: (any noted circumstances)**