

Student Residency Questionnaire

Douglas County School:

Student's Legal Name:

Date of Birth: Age: Grade: Gender: M F

Parent(s) / Legal Guardian(s): Phone/Pager:

Address: City: State / Zip Code:

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (check one box)

Section A	Section B
<input type="checkbox"/> Choices in Section B do not apply	<input type="checkbox"/> In an Emergency Shelter <input type="checkbox"/> In a motel, car or campsite <input type="checkbox"/> With friends or family members due to the loss of housing or financial hardship <input type="checkbox"/> A student not living with parent or legal guardian <input type="checkbox"/> Other? Explain: <input type="text"/>

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 (one) parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 (two) parents | <input type="checkbox"/> alone with NO adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that IS NOT the parent or the legal guardian |

Signature(s) of Parent(s) / Legal Guardian(s) _____ Date:

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Notes:

Section B - If Section B is checked, this form **MUST** be completed and returned to school personnel.

**** Completed form is kept in the student's cum file. ****

School Contact who may know of the family's situation:

Name / Title: Phone: