

USD 368 Paola, KS
Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Name of Student: _____

Name of School: _____

Birthdate ____/____/____ (month/day/year) Age: ____ Grade: ____

Gender: ____ Male ____ Female Ethnic Background: _____

Student ID No. (if known) _____

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. If YES, have you recently lost your housing or experienced an economic hardship?
____ Yes ____ No

If you answered YES to the questions above, please complete the rest of this form. If you answered NO, please stop here.

Where is the student presently living/ (Check one box.)

- In a motel
- In a shelter _____
Shelter Name and Address
- Temporarily with more than one family in a house or apartment (due to loss of job, loss of housing, etc.)
- Moving from place to place
- In a car, park, campsite, or other place not designated for ordinary housing

I declare that this information is true and correct.

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

Signature of Parent(s) or Legal Guardian(s): _____

Date: _____

Address: _____ Zip Code _____

Phone: _____

Please return this form to the building principal.

FOR STAFF USE

Building Principal

Date

District Homeless Liaison (Ass't Supt.)
USD 368, 1115 East 303rd, Paola, KS

Date
913-294-8000

After administrative approval, this form will be made available to USD 368 food service and USD 368 business office for processing.