

Student Name _____

Last, First & Middle

STUDENT RESIDENCY QUESTIONNAIRE



The information requested on this form fulfills one requirement of the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as the Title X, Part C, of the No Child Left Behind Act. The answers you give will help determine the services your student may be eligible to receive. **No student(s) will be discriminated against based upon any of this confidential information provided.**

School: _____ Grade: _____ Date of Birth: _____ Age: _____

Gender: M or F Ethnicity: _____ Parent/Guardian Name: _____

Phone Number: _____ Current Street Address: _____

Today's Date: _____ City, State, Zip _____

Complete Section A and BACK OF PAGE IF you are living in a TEMPORARY RESIDENCE. If you have a **PERMANENT residence** (such as a house, an apartment, or a condo), please **ONLY** complete **Section C** below.

Section A.

1. **Is the student living in a temporary place such as:** motel/hotel, car, camper, emergency shelter, friend's house, relative's house? **YES** _____ **NO** _____
2. **Was the student forced into a temporary place due to loss of housing** from eviction, foreclosure, financial hardship, domestic violence, fire or natural disaster, death or incarceration of parent/guardian, or other crisis situation? **YES** _____ **NO** _____

If either question above is answered Yes, please explain further: _____

If you answered **Yes to BOTH QUESTIONS** in **Section A**, please **complete Section B** below. **Otherwise**, you may **skip to Section C** below and **sign** the form.

Section B. Please check the box that best describes where the student is presently living:

- In the home/apartment of a friend or relative (sharing someone else's home because you have nowhere else to live)
- In a shelter or transitional housing program (examples: family shelter, domestic violence shelter, youth shelter, etc.)
- In a hotel or motel because of economic hardship, eviction, foreclosure, fire, lack of deposits for permanent housing, etc.
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or at another unsheltered location
- Moving from place to place

Check the box that best describes with whom the student resides. (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

Parent(s) Legal Guardian(s) Caregiver(s) who are not legal guardian(s) (example: relatives, friends, parent of friends, etc.)

Other, please specify: _____

Is this student awaiting foster care placement? If so, please explain: _____

Please list all student(s) and their age(s) of this family under your care: _____

Section C. I understand that the information provided above is correct, true and current. I also understand that enrolling a child in a Tennessee public school under false pretense is punishable by law.

Signature of Parent/Guardian or Other Person completing form

Relationship to Student

Date

S.I.T. -- Students In Transition: If both sections A & B are completed, proceed with completion of the Enrollment FORMS and enroll the student even if documents normally required for enrollment are not available. Then, file all completed forms and send the requested files to Melanie Webster or Kecia Ray by fax 615-451-5437 with notification so we can be on the lookout.

**McKinney-Vento Student Needs Assessment
Sumner County Schools**

*****ONLY TO BE FILLED OUT IF YOU ANSWERED YES TO SECTION A ON THE FRONT PAGE*****

Student Name _____ School _____

STUDENTS RIGHT TO REMAIN IN SCHOOL OF ORIGIN

Students qualified for The McKinney-Vento Program do not have to change schools every time they move and transportation assistance may be available.

Was the student attending another school when he/she lost housing or when you last moved? ____No ____Yes

If yes, please indicate which school and the date he/she withdrew? _____
School Name Withdrawal Date

Would you like for the student to return to the school listed above if that is possible? ____No ____Yes

Only fill in the following areas where there is a need for this student.

Please use chart below to determine size.

Shirt size
(type in)

Check one:

- Boys
- Girls
- Junior
- Men's
- Women's

Pant size
(type in)

Check one:

- Boys
- Girls
- Junior
- Men's
- Women's

Shoe size
(type in)

Check one:

- Toddler
- Child
- Adult

Coat size
(type in)

Check one:

- Boys
- Girls
- Junior
- Men's
- Women's

Does student need:	Food packs	School Supplies	Hygiene Supplies	Family Services
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

SIBLING INFORMATION

If the student has siblings who live in the same situation and you have not completed a form for them, please list their information below. Please include school-age children as well as infants, toddlers and preschool age children.

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Signature of Parent/Guardian or Person Enrolling the Student Contact Number Date

SCHOOL STAFF—Please fax this form to 451-5437 and file the original in the student's school record.