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Student/Family Residency Questionnaire

Your child may be eligible for additional educational services through the McKinney-Vento Assistance Act. To determine your child's eligibility, please complete this form.

Student Name: _____		
Parent/Guardian Name: _____		
Address: _____		Phone: _____
Student Birthdate: ____ / ____ / ____	Grade: _____	Gender: _____
Is the student's current address a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this temporary living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If you answered 'Yes' to the above questions, please complete the remainder of this form. If you answered 'No', you may stop here.</i>		

Where is the student presently living? (Check only one box)

- Temporarily with another family in a house or apartment due to loss of housing or economic hardship
- With an adult that is not a parent or legal guardian, or alone without an adult
- Moving from place to place
- In a hotel/motel
- Staying in a shelter (family shelter, domestic violence shelter, youth shelter)
- Waiting foster care placement or in a new foster care placement (less than 6 months)
- In a car, park, campground, abandoned building, or any other inadequate accommodation
- In an emergency/transitional shelter
- Unknown nighttime residence
- Other _____

What is your relationship to the student? (Check only one box)

- Parent
- Legal Guardian
- Power of Attorney
- Adult caring for student
- Youth living without being in the physical custody of a parent or legal guardian

Signature of Parent/Guardian/Unattached Youth (required)

Date

Copies to:	1 District Liaison	3 Title I Director	5 Athletic Director
	2 MSDS Data Person	4 Food Services	6 CA 60