



Graduating students who have skills, knowledge, information and attitudes to become accomplished citizens in the 21<sup>st</sup> century.

## Student Residency Questionnaire

This questionnaire addresses provisions of the McKinney-Vento Act of 2001. Your answers will help determine services such as Free and Reduced lunch, possible bus transportation, enrollment assistance, and tutoring.

*Where is the student currently living?*

<b>Section A</b> <input type="checkbox"/> In a shelter: _____ <input type="checkbox"/> Awaiting Foster Care: _____ <input type="checkbox"/> In a motel or hotel <input type="checkbox"/> In a car, camping, "couch surfing," on the streets <input type="checkbox"/> Doubled up with friends or family <input type="checkbox"/> In kinship care (NOT legal guardian) <input type="checkbox"/> In transitional housing: Family Promise, HRDC <input type="checkbox"/> Unaccompanied youth (a youth not in the physical custody of a parent or guardian)	<b>Continue:</b> If you checked a box in <b>Section A</b> , complete the rest of this form.  <b>Please submit this form to school personnel.</b>
<b>Section B:</b> In the past 24 months has your child attended: <input type="checkbox"/> 1 school or less <input type="checkbox"/> 2-4 schools <input type="checkbox"/> more than 4 schools	

**Student(s) Name(s):** \_\_\_\_\_

**Grades:**    PK    K    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>  
 9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

**School(s) enrolling in:**    Heck/Quaw    Saddle Peak    Ridge View    MS    HS

**Current Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Numbers: Cell/Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Message:** \_\_\_\_\_

**Other children in the household (include names, schools, grades or ages):**

**Services requested** (NOTE: these services may only apply if you checked a box in Section A):

- School enrollment**
- Tuition waiver**
- Transportation**
- Academic support** (*tutoring, transfer of school records, etc.*)
- Family Advocacy** (*referrals and support for housing, medical dental and mental health, child development, social services, etc.*)

I understand that by checking a box in **Sections A** and indicating my child attended more than one school in **Section B**, I acknowledge that Belgrade School District may share information regarding my child's grades, progress, and tutoring information to determine eligibility for and placement with services to help ensure my child's academic success.

\*\*\*\*\* For Administrative Use Only \*\*\*\*\*

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

How was qualification determined? \_\_\_\_\_ Date: \_\_\_\_\_  
(e.g., meeting w/student, conversation w/parent, counselor, enrollment, etc.)

If unconfirmed or third party, verification to be completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Use space below for notes (e.g., include information that determined decision as to whether the student is eligible for services within the McKinney-Vento Act, as well as determination for school enrollment and other requested services):