



This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 1 1 431 et seq. Your answers will help determine if the student meets eligibility requirements for the services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

Phone _____ Address _____ City _____

Other Siblings:

NAME	Grd	NAME	Grd

This address is () Temporary () Permanent

Choose all that apply:

- () House or apartment with Parent or guardian
- () House or apartment with family or friend (not parent)
- () Motel, Car, or Campsite
- () Domestic Violence Shelter
- () Homeless/displaced Shelter

If you are living in a shared housing, please check all that apply:

- () Loss of housing
- () Economic situation
- () Temporarily waiting for house or apartment
- () Care provider for a family member
- () Living with boyfriend/girlfriend
- () Loss of employment
- () Parent/Guardian is deployed
- () Other _____

Are you a student under 18 years of age living apart from your parent (s) or guardian(s) () Yes () No

Residency & Educational Rights

Student without fixed, regular, and adequate living situations have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment, without fear of being separated or treated differently due to their housing situations
2. Transportation to the school of origin for the regular school day
3. Access to free meals, Title 1 and other educational programs, and transportation to extra –curricular activities to the same extent that it is offered to other students

Any questions about these rights can be directed to the local McKinney-Vento Liaison, Mrs. Garcia @ 908-689-1188 or the State Coordinator @ 609-984-0500.

Parent/Guardian signature _____ Date _____



STUDENT RESIDENCY FORM

STUDENT _____ DOB _____ AGE _____ GRADE _____ IEP YES NO

PARENT/LEGAL GUARDIAN _____ PHONE _____

LAST PERMANENT PLACE OF RESIDENCY _____

LAST SCHOOL ATTENDED _____

STUDENT IS PRESENTLY IS () IN A SHELTER () IN A MOTEL/HOTEL () DOUBLED UP () KNOWN TO DCP&P

LOCATION _____ AS OF _____

STATEMENT _____

Multiple horizontal lines for writing a statement.

Under penalty of perjury under the laws of this state, I declare that the information provided her is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so. I also understand that I must notify the Washington Township School District of any changes as soon as they occur. I give my approval for this document to be shared with the school McKinney-Vento Liaison.

Parent _____ Date _____ Office Personnel _____ Date _____

Print name _____

Interpreter (signature) _____ (print) _____

ELIGIBLE UNDER MC KINNEY-VENTO () YES () NO

LAST PERMANENT PLACE OF RESIDENCY _____

DISTRICT OF RESPONSIBILITY _____

NOTIFICATION SENT TO ___ SCHOOL ___ BUSINESS ADMINISTRATOR ___ DIRECTOR OF SS ___ McK-V COUNTY LIAISON