__Your school name here_____Public Schools Residency Information Sheet

Student's Name:	Date of Birth:	Grade:
Parent/Guardian Name(s):		
Phone number(s):		
Current Address:		
Is the student's legal parent/guardian name(s) on the d		□Yes □No
Move in Date? How long do you		
Previous Address:		
How long did you reside at the previous address?		
Last School Attended;		
Siblings of student's name(s):	School & Grade (if applicable):	
Please answer ALL of the following questions: Is this student's home address a temporary living arra	ingement?	□Yes □No
• Is this a temporary living arrangement due to loss of l		□Yes □No
 Is this student in temporary or emergency foster care 	□Yes □No	
Is the student not living with a parent or legal guardia	□Yes □No	
1. Where is this student currently living? (check box)		
□With more than one family in a house or apartment		
□Temporary/emergency foster home		
□In a motel/hotel- Name of motel/hotel:		
□In a shelter- Name of shelter:		
☐Transitional Housing- Name of transitional housing:		
☐ Moving from place to place or a location not designed Please check off all types of transportation accessible to		•
2. With whom does the student currently live: (check be ☐Both parents ☐One parent- Mother/ Father ☐A relative- Specify which (e.g. grandmother)	□Which Parent(s) has legal cust	*
□Friends or other adults- please identify		
□An adult who is not a parent or legal guardian- please i	dentify	
3. Describe the current living situation in detail (Ex. What	circumstances lead you to this current	residence?):

5. In your child's previous school, did he/she really child did not receive any of the following sale in the following sale is special Education (I.E.P.) / Exceptional Children is 504 Accommodation Plan- Describe: is English As a Second Language (ESL) services is Academically or Intellectually Gifted services. 6. At this time, what is the greatest need for your school supplies is School uniform or clothing: Size(s) is Help for academic improvement. Help for behavior improvement. My signature below affirms the following: (1) the information, as well my consent with community and governmental agence.	ervices. O's Services- Describe: □Help for Beha □Counseling services all the □Referral □Medical □Mental le □Other- Formation I have provided counse of the information that it is pursuant to an interage that may identify my chimal purpose. (4) My signate district school district of an interage of the conduction of the interaction of	wing? (check all that avior Improvement ervices nat apply) for food assistance referral/immunizationealth/counseling reference describe:	apply) □Tutoring Services □Other ccurate to the best of my ren), may be shared without een this school district and without my consent with eccived a copy of my rights the district's McKinney-Ventor
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STUDENT IS PRESENTLY: () DOUBLED UP () IN A MOTEL/HOTEL	() IN A SHELTER	() KNOWN TO DCP&P
PRESENT LOCATION:			AS OF:
LAST PERMANENT PLACE OF RESIDENCY:			AS OF:
DISTRICT OF RESPONSIBILITY (D.O.R.):			
STATEMENT:			
□ Distributed WcKinney-Vento			
ELIGIBLE UNDER MC KINNEY-VENTO			
NOTIFICATION SENT TO: ☐ SCHOOL - ☐ B.A ☐			
McKinney-Vento District Liaison Signature:			

 Any possibility of violence or abuse in hom f so, describe and include the school's action 		es involved;	And the second of the second o	
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5. In your child's previous school, did he/she	<u>-</u>	wing? (check all that	apply)	
□My child <u>did not</u> receive any of the followin	•			
□Special Education (I.E.P.) /Exceptional Child				
□504 Accommodation Plan- Describe:			Tatasing Comings	
□English As a Second Language (ESL) services □Academically or Intellectually Gifted service	,	vior Improvement ervices	□Tutoring Services □Other	
6. At this time, what is the greatest need for	r your child? <i>(check all tl</i>	nat apply)		
□School supplies	□Referral	☐Referral for food assistance		
□School uniform or clothing: Size(s)	□Medical	☐Medical referral/immunizations		
□Help for academic improvement	□Mental health/counseling referral			
□Help for behavior improvement	□Other- P	□Other- Please describe:		
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