



# Delaware McKinney-Vento Student Residency Questionnaire

This **Student Residency Questionnaire** is intended to address the McKinney-Vento Act. Your answers will help the school personnel determine residency documents necessary for enrollment of this student. Information provided on this form is confidential.

Name of Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

Name of Current School: \_\_\_\_\_ Name of Last School: \_\_\_\_\_

Is your current address a **temporary** living arrangement? Yes  No

*If you answered 'YES', please complete all questions on this form.*

*If you answered 'No', you may stop here. You do not need to complete this form.*

### 1. Do you live in any of these following situations?

Sharing the housing of other persons due to: (check one)

Loss of housing, economic hardship or a similar reason (example: evicted, lost job, etc.)

Explain: \_\_\_\_\_

Long-term, cooperative living arrangement to save money or a similar reason

Other (please specify): \_\_\_\_\_

In a motel, hotel, campground or similar setting due to: (check one)

Lack of alternative adequate accommodations,

Explain: \_\_\_\_\_

A convenient living arrangement or waiting for apartment or house to be ready

Other (please specify): \_\_\_\_\_

In an emergency or transitional shelter such as a domestic violence shelter or a homeless shelter or transitional housing or other shelter

Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans

In a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting

None of the above

2. How long do you anticipate living at this location? \_\_\_\_\_

### 3. The student lives with:

Parent(s) or legal guardians(s)

Relative(s), friend(s), or other adults(s) who are not the parent or the legal guardian

Alone with no adults

### 4. Please list the name and ages of any children living with you that you have guardianship of:

A. \_\_\_\_\_ C. \_\_\_\_\_

B. \_\_\_\_\_ D. \_\_\_\_\_

I am the parent/legal guardian of \_\_\_\_\_, who is of school age and who is seeking enrollment in the school district.

I understand that presenting a false record of falsifying records is an offense under Federal and state laws and enrollment of the child under false documents subjects the person to liability for tuition and other costs.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number with Area Code: \_\_\_\_\_ Emergency contact Phone Number with Area Code: \_\_\_\_\_