



PLEASE READ CAREFULLY AND COMPLETE FULLY

No student or family will be discriminated against based upon any of the information provided in this form. The information you provide is confidential. The answers you give will help us determine the services your student may be eligible to receive under the McKinney-Vento Act.

Student Information

Full Name: _____ Grade: _____ School: _____

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Birth Date: _____ Gender: _____ Ethnicity: _____ Phone: _____

Email: _____

Name of Parent/Legal Guardian: _____ Is the student living with their Parent or Legal Guardian? YES NO

If not living with Parent or Legal Guardian, who is residing in the same location as the student?

Student's current address, if different

Housing

Date this student moved to this address: _____ How long do you expect to be at this address? _____

Do you own or rent your current home/apartment? YES NO If no, are you seeking permanent housing? YES NO

Number of adults over 21 living in the home and relationship to the student: _____

Number of children under 21 living in this home (including the student)? _____

Name of children (under 21) at this address, ages, relationship to student, and schools they attend (please include all children not yet in school):

Siblings at other addresses? _____

of bedrooms in the home? _____

Check all that apply:

- Doubled up: living with family or friends due to natural disaster, financial hardship or loss of housing.
- Eviction notice or mortgage foreclosure in the past year.
- Living without adequate heat, electricity, plumbing or water.
- Living in a shelter/transitional housing. Name of agency: _____
- Living in hotel/motel due to lack of other suitable housing. Name of hotel/motel: _____
- Living on the street, in an abandoned building, in car, campground, or other public place not intended for regular habitation. Please explain: _____

In the past three (3) years, has any one in your household had to move to be a paid laborer in any of the following areas: farming, livestock, or processing agricultural products? YES NO

Signature

I verify that the information provided above is true and correct.

Printed Name and Relationship of Person Completing the Form

Date

Signature of Person Completing the Form