Student Residency Questionnaire
Clarke County Public School System

Name of School _____

Name of Student _____ Sex: □ Male
Last First Middle □ Female

Birth Date _____/____/_____ Age:_____ Social Security #:_____
Month / Day / Year

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?

_____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

□ In a motel
□ In a shelter
□ With more than one family in a house or apartment
□ Moving from place to place
□ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s)_____

Address_____ Zip_____ Phone_____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for costs incurred. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian_____ Date_____

Please send a copy to Gwen O. Powell, Federal Programs Direct at the Central Office at the following fax number: 251-275-1281.

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

_____ _____
Date McKinney-Vento Liaison Signature