

Posen Consolidated School District # 9 Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your answers will provide us with information to offer families assistance such as free meals; access to resources such as housing, food and clothing; and other resources for youth.

This form is voluntary. You are not required to complete or return this form. If you choose to complete this form, only one form is needed per family.

1. Presently, whom does the student live with? *Check all that apply.*

<input type="checkbox"/> 1 parent <input type="checkbox"/> 2 parents <input type="checkbox"/> 1 parent & another adult <input type="checkbox"/> foster parent	<input type="checkbox"/> a relative, friend(s) or other adult(s) <input type="checkbox"/> alone with no adults <input type="checkbox"/> an adult that is not the parent or guardian
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2. Presently, where is the student living? *Check one box.*

Section A	Section B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members other than parent/guardian <input type="checkbox"/> other _____	<input type="checkbox"/> Choices in Section A do not apply

School: Posen Consolidated School District # 9

Name of Student: _____

Male Female Birth Date: _____ Age: _____

Parent/Legal Guardian: _____

Address: _____
Street City Zip

Telephone: _____ Today's Date: _____

Signature of Parent/Legal Guardian: _____

School Use Only: Determination of Section A circumstances:
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