

Student Residency Questionnaire

Name of School: _____

Name of Student: _____ Sex: Male
Last First Middle FemaleBirth Date _____ / _____ / _____ Age: _____ Sex: ___ Male ___ Female
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. The District's homeless liaisons are:

**Springhurst Elementary – Patricia Clifford – 914-693-1503 ext. 1451
Middle/High School – Danielle Pecora – 914-693-1500 ext. 3320**

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary 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 _____

Phone Number _____

Signature of Parent(s)/Legal Guardian(s) _____ Date _____

I certify the above named student qualifies as a student in transition under the provisions of the McKinney-Vento Act.

Date_____
McKinney-Vento Liaison Signature