



MADISON

SCHOOL DISTRICT

Madison School District #38 Student Residency Questionnaire

Student Name:	Date:
Address:	Phone Number:
Parent Name:	Parent Email:
School	Grade
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say

Do any of the following situations apply to the student?

Please circle the appropriate answer

1. Is the student (family) living in a motel or hotel?	YES	NO
2. Is the student (family) living in a shelter? <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Emergency Housing <input type="checkbox"/> Transitional Housing	YES	NO
3. Is the student (family) living in a car, park, campground or public place?	YES	NO
4. Is the student (family) living in the residence of another family? If you answered yes to question 4, please answer the following: a. Is this living arrangement due to: <input type="checkbox"/> Economic Hardship <input type="checkbox"/> Loss of housing <input type="checkbox"/> Temporary b. Date living arrangement began: _____ c. Date living arrangement is expected to end: _____	YES	NO
5. Is the student seeking enrollment without parent or legal guardian?	YES	NO

This questionnaire is intended to address the McKinney-Vento Education Improvement Act 42 U.S.C. 11435. The answers to the form help determine the services a student may be eligible to receive. Eligibility must be reviewed and reevaluated every school year.

By signing below I attest the above information is correct.

Print Parent Name: _____



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Parent Signature: _____

Date: _____

For Office Use Only

Homeless Liaison Use Only

I certify the above named student qualifies for the child nutrition Program under the provisions of the McKinney Vento Act.

McKinney Vento Liaison Signature: _____ Date: _____