



SYRACUSE CITY SCHOOL DISTRICT

Department of Student Registration
Jaime Alicea, Superintendent of Schools

McKinney–Vento Act Notice Housing Questionnaire PreK-12

STUDENT INFORMATION				
Last Name		First Name		Middle Name
Current School			District of Origin	Grade
Student ID#		DOB		Gender
				Male Female Other
New PHYSICAL Address			Mailing Address	
Yes	No	Parent, Guardian, Unaccompanied Student Name		Phone
		Is the entire family at the new PHYSICAL address?		
		Have you notified the school of siblings?		Date Transportation Notified
		Is the current address a temporary living arrangement?		
		If YES, is this due to loss of housing or economic hardship?		*Student automatically qualifies for Free School Meals

HOUSING: Where is the student currently living? (Please check one box).
Shelter (S)
Doubled-up (D) With another family or other person because of a loss of housing, economic hardship or similar reason (also called temporarily living)
Hotel or motel (H)
Other Temporary Living Situation (O) In a car, park, bus, train station, campsite, or public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings
Permanent Housing (P)
CPS Direct Placement
Respite (Please select which below) <i>Family Support Center (960 Salt Springs Road)</i> <i>Child and Adolescent Crisis Respite (650 Madison Street)</i>
If the student is NOT living in Permanent Housing (P), please also indicate if the below applies:
Unaccompanied youth (U) Any age, not accompanied by a guardian

SIBLINGS: Are all siblings at same address?		Yes	No
1	Sibling Name		
	School	School Notified?	Yes No
	Current Physical Address		
	Same Address?	Yes No	Permanent Temporary
2	Sibling Name		
	School	School Notified?	Yes No
	Current Physical Address		
	Same Address?	Yes No	Permanent Temporary
3	Sibling Name		
	School	School Notified?	Yes No
	Current Physical Address		
	Same Address?	Yes No	Permanent Temporary
4	Sibling Name		
	School	School Notified?	Yes No
	Current Physical Address		
	Same Address?	Yes No	Permanent Temporary

SCHOOL AND AGENCY STAFF: Email this form and STAC 202 to Registration@scsd.us and cc: dmontroy@scsd.us

Name (Person Completing this Form): _____ Date: _____

Agency: _____ Phone: _____