



MCKINNEY VENTO ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Date: _____ Current School attending _____

This form will help the district determine identification of a homeless/temporarily housed/sheltered student in our District. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Students who lack a FIXED – REGULAR – ADEQUATE Night time Residence

Student's Name: _____
Last First Middle

School: _____ Grade: ____ ID#: _____ Male Female DOB: ____/____/____
Mo. Day Yr.

New Physical Address: _____

Mailing Address: _____

Is the entire family at this address? Yes No

Is your current address a temporary living arrangement Yes No If so, is this due to loss of housing or economic hardship? Yes No If you checked yes in either box, please continue to fill out this form in its entirety. If you checked no, please do not continue to write below the line.

Where is the student currently living? (Please check one box.)

- In a shelter (S)
- With another family or other person because of a loss of housing, economic hardship or similar reason (also called temporarily living "doubled-up" (D)
- In a hotel or motel (H)
- 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 (O)
- Unaccompanied youth (U)-any age, not accompanied by a guardian
- CHANGE OF STATUS: In permanent housing New address _____ EFFECTIVE: _____

**School of Origin more than 1.5 miles? Bus Pass _____ Centro 1 way ride _____ school bus _____
Student automatically qualifies for Free School Meals.**

Parent, Guardian, Unaccompanied Student Name _____ Phone: _____

School of Origin _____

Sibling Name	School Attending	Temporary Address	Permanent Address

Person completing this form: Name _____ Agency _____ Date _____

Email this form and STAC 202 to: Registration@SCSD.