



Enrollment Residency Questionnaire

This form is intended to address the McKinney-Vento Act. Your answers will help determine residency and certain needs for the students.

Student Name _____ Grade _____

Parent/Guardian Signature _____

Submitting fraudulent information could result in a federal fraud issue.

Presently, where is the **student** living? (Check one)

Section A	Section B
<p>_____ In a shelter _____ Shelter Name</p> <p>_____ <i>Temporarily</i> with more than one family (due to loss of job, loss of housing, etc.)</p> <p>_____ In a motel, car, or campsite</p> <p>_____ In a temporary foster care, awaiting permanent placement</p> <p>_____ Alone without parental support (independent living student)</p> <p>CONTINUE: If you check a box in this section, please <i>complete the rest of this form.</i></p>	<p>_____ Choices in Section A do NOT apply</p> <p>STOP: If you check this section, you do <i>not</i> need to complete the remainder of this form.</p>

School _____

Student Date of Birth _____ Male Female

Present Address _____

City _____ State _____ Zip _____ Phone _____

(If Applicable) Last School Attended _____ City _____ State _____

STAFF ONLY: *If Section A is checked:* Send completed form via interschool mail to the Director of Instruction, Dr. Mary Kaye Siebert. The Director of Instruction will notify Food Services regarding meal status. (Meal Application not needed – only the Consent for Disclosure for textbook fee waiver needs to be filled out for the families.)

Liaison Signature _____ Date _____

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.