Unified School District 320 Wamego Public Schools

1008 8th Street Wamego, KS 66547



785-456-7643 Fax 785-456-8125

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 _____ 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 _ In a shelter _____ _____ Choices in Section A do NOT apply Shelter Name STOP: If you check this section, you do not _____ Temporarily with more than one family (due to loss of job, loss of housing, need to complete the remainder of this form. etc.) ____ In a motel, car, or campsite In a temporary foster care, awaiting permanent placement Alone without parental support (independent living student) **CONTINUE**: If you check a box in this section, please *complete the rest of this form*. Student Date of Birth _____ Phone: ____ Male Female _____ City _____ State ____ Zip ____ Present Address (If Applicable) Last School Attended ___ City ___ STAFF ONLY: If Section A is checked: Send completed form via interschool mail to the Director of Instruction, Scott Meitler. 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: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race,

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Revised 4/2024