

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 __ In a shelter _____Shelter Name _____ Choices in Section A do **NOT** apply Temporarily with more than one family (due to loss of job, loss of housing, etc.) ___ In a motel, car, or campsite In a temporary foster care, awaiting permanent placement **STOP:** If you check this section, you do *not* Alone without parental support (independent living need to complete the remainder of this student) form. **CONTINUE:** If you check a box in this section, please *complete* the rest of this form. School _____ Male Female Student Date of Birth 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,

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.

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