

PENDLETON SCHOOL DISTRICT 16R

STUDENT RESIDENCY QUESTIONNAIRE

Name of School: _____ Grade: _____

Name of Student: _____
Last First Middle

Sex: Male Female

Birth Date ___/___/_____ Age: _____

Social Security # _____ - _____ - _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answer to this residency information helps determine that services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box)

- In a Motel
- In a Shelter
- With more than one family in a house or an apartment
- Moving Place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park or Campsite
- Other

Name of Parent/Legal Guardian _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____