

# Student Residency Questionnaire

Douglas County School:

Student's Legal Name:

Date of Birth:  Age:  Grade:   Gender: M  F

Parent(s) / Legal Guardian(s):  Phone/Pager:

Address:  City:  State / Zip Code:

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (check one box)

| Section A   | Section B  |
|---|--|
| <input type="checkbox"/> Choices in Section B do not apply<br><br><b>STOP:</b> If you checked this section, you <b>do not</b> need to complete the remainder of this form. <b>Submit to school personnel.</b> | <input type="checkbox"/> In an Emergency Shelter<br><input type="checkbox"/> In a motel, car or campsite<br><input type="checkbox"/> With friends or family members due to the loss of housing or financial hardship<br><input type="checkbox"/> A student not living with parent or legal guardian<br><input type="checkbox"/> Other? Explain: <input type="text"/> |

2. The student lives with:

- 1 (one) parent
- 2 (two) parents
- 1 parent & another adult
- a relative, friend(s) or other adult(s)
- alone with NO adults
- an adult that IS NOT the parent or the legal guardian

Signature(s) of Parent(s) / Legal Guardian(s) \_\_\_\_\_ Date:

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**Notes:**

**Section A** - If Section A is checked, completion of form is not required. Signed form is returned to school personnel.  
**Section B** - If Section B is checked, this form **MUST** be completed and returned to school personnel.

\*\*\*\* Completed form is kept in the student's cum file. \*\*\*\*

**School Contact who may know of the family's situation:**

Name / Title:  Phone: