6/2011

Montgomery County Public Schools
Student Residency Questionnaire
CONFIDENTIAL

Name of School _____School Year: _____

Name of Student: _____
Last First Middle

Birth Date ____/____/_____ Age: _____ Grade: _____ Sex: ❒ Male ❒ Female
Month / Day / Year

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

1. Is the student's current address a temporary living arrangement? ____ Yes ____ No
2. Is this living arrangement due to loss of housing or economic hardship? ____ Yes ____ No
3. Is the student unaccompanied (living in a household where no one is the parent or legal guardian)? ____ Yes ____ No
4. Is the student in Foster Care? ____ Yes ____ No

If you answered *YES* to any of the above questions, please complete the remainder of this form.
If you answered *NO*, you may stop here and just sign the form at the bottom of this sheet.

Where is the student presently living?

- ☐ Doubled up with more than one family or relative
- ☐ In a shelter
- ☐ In a motel
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- ☐ In housing that is inadequate or substandard.
- ☐ Awaiting foster care placement (could be temporary or emergency placement).
- ☐ In foster care with a qualified foster care family
- ☐ With a stepparent, grandparent, relative, or caretaker that is NOT a legal guardian
- ☐ With friend(s) or alone.
- ☐ Other: (Please describe.)

Name of person living in household responsible for this student_____

Relationship (check one): ❒ Parent ❒ Legal Guardian ❒ Foster Parent ❒ Self
❒Caretaker (includes grandparent, stepparent, relative, or other adult that is not a legal guardian)

Address_____ Zip _____ Phone_____

Other contact information:_____

_____

Foster Care Information (if applicable): Placing Agency_____

County of Biological Parents _____ Name of Caseworker_____

I understand that the student listed above may be eligible for services based on McKinney-Vento Act 42 U.S.C. 11435. I may be contacted by a school official for additional information. I may also contact the guidance department at my student's school or the MCPS Homeless Liaison for more information.

Signature _____ Date_____

Office Use: If the parent has answered "yes" to any of the first three questions, please fax a copy to Office of Homeless Liaison . **540-381-6554**
Original should be maintained at the home school.