

## Coffee County School System Student Residency Questionnaire

Name of Student: \_\_\_\_\_

Last                      First                      Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Age: \_\_\_\_

*This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency form help determine the services the student may be eligible to receive. The information you provide is confidential and has no bearing on the enrollment of the student.*

1. Is your current address a temporary living arrangement?    \_\_\_\_Yes    \_\_\_\_No
2. Is this temporary 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?

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite
- Emergency housing (i.e. FEMA trailer)
- In an emergency/transitional shelter
- Other (Must provide specific information): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OR

**Student (unaccompanied homeless youth):**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_