

**Anadarko Public Schools  
Enrollment Questionnaire**

*This form is intended to address the McKinney-Vento Act. Your answers will help determine residency necessary for enrollment and ensure that certain needs will be met for this student.*

**Presently, where is the student living? Check *one* box only**

<u><b>Section A</b></u>	<u><b>Section B</b></u>
<ul style="list-style-type: none"><li><input type="checkbox"/> In an emergency/transitional shelter</li><li><input type="checkbox"/> Temporarily with more than one family due to loss of job, loss of housing, etc.</li><li><input type="checkbox"/> In a motel, car, or campsite</li><li><input type="checkbox"/> In temporary foster care awaiting placement</li><li><input type="checkbox"/> Alone without parental support (independent living student)</li></ul> <p><b>CONTINUE:</b> If you checked a box in Section A, please complete the remainder of this form.</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Choices in Section A do <b>NOT</b> apply.</li></ul> <p><b>STOP:</b> If you checked this section, you do <u>not</u> need to complete the remainder of this form.</p>

Student ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Would you like to be contacted by an employee of the school to discuss additional assistance which may be available to you and your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_