English
Student Residency
Questionnaire

Cumberland County School District Student Residency Questionnaire

Name of Stud	ent:			Date of Birth: (mm/dd/yyyy)							
Person complete Parent Parent Youth	t or guardian		Unaccompanie Other:					guardian)			
Name:											
Email:						Phone:					
law called the attend. We al	e Federal Ed lso use this ir	ucation l Iformation	ut the student' Rights and Priv on to make sur omeless Assist:	vacy Act. \ e the right	We use this in	formation to	decide which	ch schools stud	ents sl	hould	d
 Is the students. Is the students. 	dent's addres dent's living	s a tempo arrangem	orary living arran	ngement? of housing	or financial ha	ardship?		0	Yes Yes		No No
Where is the s In a n In a n Shar In a c whee (hou In a c Mov	student identi motel or hote n emergency s ing another fa car, park, trai el camper trai sing that does bus or train st ing from plac public or priv	fied above I due to le helter, tra mily's he ler park (lers or of a not mee ation the to place ate place	s YES, please of e currently living oss of housing consisted ansitional housing consecution of the state of t	ng? (Please or financial ng facility, ent fer to a mo vable camp ards of living e used as a	check one) hardship or abandoned bile home (tra pers), camping ng), or abando	iler) park, this g ground, stree ned building	et, public spa	ype of camping ce, substandard	groun housi	d for	· fifth
Last school th							٠,				
						District:_					
						State:					
Name of Pare	nt, Guardian	or educat	ion decision ma	ıker:							
Name						Signature	e:	• .			
Name											
Address:											
City:	- Townson of the control of					Signature					
Home Phone:						Work Ph	one:				
OR						Email:					
	unaccompan	ied vouth	that is homeles	:e)·	•						
`				,		Signature	e:				
Address:											
Email:	ddress:mail:					Phone:					
records, etc.) immediately i	normally nee n his or her s	ded for eachool of o	youth is NOT ling of the second of the secon	OT require of where of	ed. The child, y ther children a	ng, proof of re youth or unace ttend that is in	sidency and companied you	other documen	ts (hea rolled	lth, s	chool
				OFF	ICE USE ONL	V					
Doto Complete	, T	Tilinil-1			Representative:	•	Comments:				
Date Completed		Eligible: Yes	□No	District	. ropresemanve.		Comments.				