

Barbers Hill Independent School District

Student Residency Questionnaire

Name of School: _____ Grade: _____

Name of Student: _____ Sex: Male
Last First Middle Female

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 your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living 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.

Student Birth Date ____ / ____ / ____ Age: _____ Social Security #: _____
(or student identification number)

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

The above address is: *(check one box.)*

- 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 designed for ordinary sleeping accommodations such as a car, park or campsite

Presenting a false record or falsifying records is an offense under Section 37.10 Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date: _____

I certify the above named student qualifies under the provisions of the McKinney-Vento Act.

Date McKinney-Vento Liaison Signature

For Office Use Only

If the answer to question 2 is yes, forward original to Executive Director of Instruction ____ / ____ / ____
mm / dd / yy