

Yadkin County Schools
Student Residency Questionnaire

By completing this questionnaire, you will assist the school district in complying with the McKinney-Vento Act, 42 U.S.C.11435. Your answers will help determine residency necessary for your child's enrollment, as well as the services your child may be eligible to receive. This form is **CONFIDENTIAL** and will be forwarded to your child's school social worker.

Date Completed: _____

Student Name: _____ **School Name:** _____

Grade: _____ **Teacher:** _____

Name of the person completing this form: _____

Please complete either A or B.

A. If you are the parent or Legal Guardian of the student enrolling, complete these questions:

1. Is your current address a **permanent** living arrangement or a **temporary** living arrangement?
 _____ Permanent Address _____ Temporary Address
2. If this is a **TEMPORARY LIVING ARRANGEMENT**, is it due to a loss of housing, economic hardship, or some other forced move?
 _____ Yes _____ No

B. If you are NOT the Parent or legal guardian of the student enrolling, please complete these questions:

1. If you are a student NOT living with a parent/guardian, is your living arrangement **temporary**?
 _____ Yes _____ No
 If you are NOT the parent or legal guardian, but the student is living with you, is this living arrangement **temporary**?
 _____ Yes _____ No
2. If this is a **TEMPORARY LIVING ARRANGEMENT**, is it due to abandonment, to being denied housing by family, or to being a runaway?
 _____ Yes _____ No

If you answered YES to ANY of the questions above, please complete the following information:
 (You do not have to continue completing this questionnaire if you answered NO to the questions above.)

Date of Birth: _____ **Age:** _____

Grade: _____ **Gender:** _____ Male _____ Female

Parent(s)/Legal Guardian(s): _____

Address where you are currently staying: _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone Number: _____ **Mobile Phone:** _____

Does your child have any siblings who will be enrolling in Yadkin County Schools? If yes, please complete the following:

Name	Date of Birth	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where is your child presently living? (Check all that apply)

- | | | |
|-------------------------------------|---|----------------------------------|
| _____ With friends or relatives | _____ In a shelter | _____ In a motel or hotel |
| _____ In a car | _____ On the Streets | _____ Moving from place to place |
| _____ In a trailer park or campsite | _____ In a residential treatment facility or group home | |

We want to make sure your child continues to receive all the services that his/her prior schools have given him/her. Please check any services your child received:

- | | | |
|----------------------------|--|-------------------------------|
| _____ AIG | _____ Title I | _____ ESL |
| _____ 504 Plan | _____ Exceptional Children's Program (IEP) | _____ Speech/Language Therapy |
| _____ Occupational Therapy | _____ Physical Therapy | _____ Specialized Equipment |
| _____ Transportation | _____ Other: _____ | |

Does your child or any of the children named above need assistance with any of the following?

- | | | |
|------------------------------|----------------------------|--------------------------------|
| _____ School breakfast/lunch | _____ School Supplies | _____ School Fees |
| _____ Clothing/Shoes | _____ Medical/Dental Needs | _____ Head Start or Pre-School |
| _____ Social Services | _____ Other: _____ | |