

STUDENT RESIDENCY QUESTIONNAIRE

BROOKINGS SCHOOL DISTRICT 5-1

The questionnaire is intended to address whether a child is eligible for services provided and required by the McKinney-Vento Act. Answers to the questionnaire will help administration determine residency documents necessary for enrollment of the student.

Presently where is the student living:

- In a shelter
- With more than one family in a house or apartment
- In a motel, car, or campsite
- With friends or family members (other than parent/guardian)
- None of the above choices apply

If none of these choices apply the form does not need to be completed. If one or more choices are selected please complete the entire form and return to the building principal.

Name of School: _____

Name of Student: _____

Gender:

- Male
- Female

Birth Date: _____ Age: _____ Social Security Number: _____

Name of Parent(s) or Legal Guardian(s): _____

Address: _____

Address where you are **NOW** living: _____

Home Phone: _____ Work Phone: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Office Use Only:

Administrators: If any of the first four boxes are checked send this form immediately to Michelle Vande Weerd, District Homeless Liaison.

Please list the name and phone number of district contact who has direct contact with the student and/ or family: _____

Date Sent to BSD Administration Building: _____