



# Student Residency Questionnaire Form

Please Complete this Form by Printing

**Student's Name:**

**Student's Date of Birth:**

**School:**

**Grade:**

**Parent/Guardian Name:**

**Street Address (Location of House):**

**City:**

**State:**

**Zip Code:**

**Phone #: ( )**

**Cell #: ( )**

**Work #: ( )**

**Your child may be eligible for additional services through Title 1, Part C Migrant and /or Title X, Part C Federal McKinney-Vento Assistance Act. Eligibility may be determined by completing this questionnaire.**

**1. Where are you and your family currently staying? (Check only one box from either Section A or B)**

**Section A**

In a home that we rent/own

**Section B**

Living in emergency or transitional shelters, FEMA Trailers, abandoned in hospitals

Sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up

Living in cars, parks, temporary trailer parks or campgrounds due to lack of alternative adequate accommodations, public spaces, abandoned buildings or shed, substandard housing, bus or train stations, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings

Living in hotels or motels

With a guardian while awaiting foster care placement

Somewhere other than in the care or custody of the parent or legal guardian

**2. Has your family moved to a new town to find work in the last 3 years AND was the work in the agriculture or fishing industry?     YES     NO**

**3. Has your family moved because of any of the below disasters (check any that apply):**

Man-Made Disaster

Earthquake

Flooding

Hurricane

Tropical Storm

Tornado

Wildfire/Fire

Mortgage Foreclosure

Other (Please List) \_\_\_\_\_

None of the Above

**4. If you checked a box in Section B of question 1 or answered Yes to question 2, your child(ren) may be eligible for additional services through Title 1, Part C Migrant and/or Title X, Part C-Federal McKinney-Vento Assistance Act. Please list your child(ren)'s information below:**

First Name	Last Name	M/F	Date of Birth	Grade	School

**In signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Print Parent/Guardian/Adult Caring for Child Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This survey is intended to address the requirements of the No Child Left Behind Act: Title X, Part C and Title I, Part C Migrant. The answers to these questions will assist us in determining if your child may qualify for additional educational support services. All information on this form is confidential and will not be shared with other agencies without your permission.

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