

WILSON CREEK SCHOOL DISTRICT STUDENT RESIDENCY QUESTIONNAIRE

Student Name	Sex	Birthdate	Age	SSN
	<input type="checkbox"/> Male or <input type="checkbox"/> Female			
	<input type="checkbox"/> Male or <input type="checkbox"/> Female			
	<input type="checkbox"/> Male or <input type="checkbox"/> Female			
	<input type="checkbox"/> Male or <input type="checkbox"/> Female			
	<input type="checkbox"/> Male or <input type="checkbox"/> Female			

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.

1. Is your current residence a temporary living arrangement? Yes No
2. Is your living arrangement due to loss of housing or economic hardship? Yes No
3. Is your current resident inadequate for meeting physical and psychological needs? Yes No

If you answered NO to all of these questions, you may stop here.

If you answered YES to any of these questions, please complete the remainder of this form.

Where does the student stay at night? *(Please check one box.)*

- In a motel/hotel
- In a shelter
- With more than one family in a house, mobile home or apartment (doubled-up)
- In a car, park, campsite or location not usually used for sleeping accommodations (unsheltered)

Address: _____ Phone: _____

Parent/Legal Guardian Name: _____

I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Parent/Guardian Signature: _____ **Date:** _____

OR

Unaccompanied Youth Signature: _____ **Date:** _____

FOR SCHOOL PERSONNEL USE ONLY

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act:

McKinney-Vento Liaison Signature: _____ **Date:** _____