

# Student Insurance and Residency Questionnaire

Re: Student Injuries and Insurance, 2013-2014 School Year

The safety of our students is one of our most important concerns. Even so, accidents happen and resulting medical treatment (ambulance transport, surgery, hospitalization, etc.) can be very expensive. Please know that the District does not assume responsibility for these costs. However, as a service to you and your child, your school offers access to a low cost, voluntary purchase student accident/health insurance program. The program is arranged and administered by Myers-Stevens & Toohey & Co., Inc. a firm that has specialized in such coverages for 40 years.

**To enroll, please mark the appropriate box below and return this form to the school. Further instructions for enrollment will be provided to you.** If you have any questions, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish. **In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately send it back to the school with your child.**

As parent/guardian of (please list student name(s) here) \_\_\_\_\_,  
I understand that the School does not assume responsibility for student injuries but does make voluntary purchase, student accident insurance available. I have received the information on this program.

I will enroll my child in the program       I choose NOT to enroll my child in the program

Signed \_\_\_\_\_ Date \_\_\_\_\_



Re: Residency and the McKinney-Vento Act

**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 questions will help staff with school enrollment and may enable the student to receive additional services.**

| 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 |           |     |     |

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)

*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: \_\_\_\_\_