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# McKinney-Vento Act 42 U.S.C. 11435 Questionnaire

**2022-2023** **School Year**

*The answers to this residency information help determine the services the student may be eligible to receive.*

|  |  |
| --- | --- |
| **background information** |  |
| **Student Information** |
| Last Name |  | First Name |  | Middle Initial |  |  |
| N.Y. ID # (for o ce use only)**Parent/Legal Guardian** | Sex |  | Birth Date (Month/Day/Year) |  | Age | Grade |
| Last Name |  | First Name |  |  |  |  |
| Street Address |  |  | City |  | State | Zip |
| Telephone (Home) | Telephone (Work) |  | Cell Phone | E-mail Address |  |  |

# current information

Is your current address a temporary living arrangement?

Yes No

Is this temporary living arrangement due to loss of housing or economic hardship?

Yes No

***If you answered NO to the above questions, you may stop here. If you answered YES, please complete the remainder of this form. All responses will be kept strictly confidential.***

Where is the student presently living? (Please check only one box):

In a motel In a shelter

With more than one family in a house or apartment Moving from place to place

In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

# authorization

Presenting a false record or falsifying records is an offense under Section 37./0, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Parent or Guardian’s Name (Please print) Parent or Guardian’s Signature Date