

McKinney-Vento Act 42 U.S.C. 11435 Questionnaire 2024-2025 School Year

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

background information

Parent or Guardian's Name (Please print)

background inform	iidtioii				
Student Information					
Last Name		First Name	Middle Initial		
N.Y. ID # (for office use only)	Sex	Birth Date (Month/Day/Year)		Age	Grade
Parent/Legal Guardia	n				
Last Name		First Name			
Street Address		City		State	Zip
Telephone (Home)	Telephone (Work)	Cell Phone	E-mail Address		
☐ Yes ☐ No Is this temporary livin ☐ Yes ☐ No If you answered NO to	s a temporary living arrangen g arrangement due to loss of l	nent? housing or economic hardship: stop here. If you answered YES,		emainde	er of this form.
☐ In a motel ☐ In a shelter ☐ With more than one fa ☐ Moving from place to		only one box): dations such as a car, park, or cam	npsite		
authorization					
		offense under Section 37./0, Pe tuition or other costs. TEC Sec.		ment of	the child under

Parent or Guardian's Signature

Date