

Parent Interview Sheet

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student stay at night?

_____ in a shelter

_____ in another location that is not appropriate for people (e.g., an abandoned building)

_____ in a motel/hotel

_____ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)

_____ in a car

_____ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

_____ at a campsite

Name of school: _____

Name of student: _____ Student's date of birth: _____

I, (name) _____
declare as follows: _____

I am the parent/legal guardian of (name of student) _____

who is of school age and is seeking enrollment in (name of school district) _____

Since (date) _____, our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: _____

Signature: _____ Date: _____

Address: _____

Phone number: _____ E-mail address: _____

I can be reached for emergencies at: _____

Adapted from materials from the California Department of Education and the San Antonio Independent School District. As with any legal document, the local educational agency's legal counsel should be consulted.

SENATOBIA SCHOOL DISTRICT

McKINNEY-VENTO (TITLE I, PART A) HOMELESS ASSISTANCE ACT SURVEY

QUESTIONNAIRE

By completing this questionnaire, you will help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers will help the district identify services that the student may be eligible to receive.

SCHOOL _____

STUDENT'S NAME _____ MALE FEMALE

DATE OF BIRTH (MONTH/DAY/YEAR) _____ AGE _____

PARENT(S)/LEGAL GUARDIAN(S) NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TEL.#/PAGER #/CELL # _____

1. Where is the student living now? (check one box)

- in a shelter
- in a motel or hotel
- with more than one family in a house or apartment
- in a car
- in a trailer park or campsite
- with friends or family members (other than parent/guardian)
- none of the above

If you checked the box marked "none of the above," you do not have to complete the remainder of this form. Please sign below and return a copy of this form to

2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship?

- yes
- no
- unsure

3. The student lives with

- 1 parent
- 2 parents
- 1 parent & another adult
- a relative, friend(s), or other adults
- alone with no adults
- an adult who is not the parent or the legal guardian

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

Please return a copy of this form to

<p>FOR SCHOOL USE ONLY</p> <p><input type="checkbox"/> Student not covered by McKinney-Vento Act</p> <p><input type="checkbox"/> Student covered by McKinney-Vento Act</p> <p><input type="checkbox"/> Follow-up required</p> <p>Principal _____</p> <p>Date Received _____</p>
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For Further information, please

Student Residency Questionnaire

NOTE: PLEASE REMOVE ALL INFORMATION IN THIS BOX BEFORE USING THIS FORM; UPDATE THIS FORM TO REFLECT THE NEEDS AND SPECIFICS PERTAINING TO YOUR DISTRICT. This form is an example of what most districts in Texas have found useful to include in their student enrollment packets to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435. Answers to this residency information help determine the services the student may be eligible to receive. This form is adapted from one developed by Cypress Fairbanks ISD.

Name of School _____

Name of Student: _____ Sex: Male
Last First Middle Female

Birth Date: ____/____/____ Age: _____ Social Security #: _____
Month / Day / Year (for student identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
 Yes No

**If you answered YES to the above questions, please complete the remainder of this form.
 If you answered NO, you may stop here.**

Where is the student presently living? *(Check 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

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, 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).

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to _____ at the Central Office.

Fax: xxx-xxx-xxxx

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

 Date McKinney-Vento Liaison Signature