

**PLEASE READ CAREFULLY AND COMPLETE FULLY**

No student or family will be discriminated against based upon any of the information provided in this form. The information you provide is confidential. The answers you give will help us determine the services your student may be eligible to receive at under the McKinney-Vento Act.

**Student Information**

Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_ Is the student living with their Parent or Legal Guardian?  YES  NO

\_\_\_\_\_  
*If not living with Parent or Legal Guardian, who is residing in the same location as the student?*

\_\_\_\_\_  
*Student's current address, if different*

**Housing**

Date this student moved to this address: \_\_\_\_\_ How long do you expect to be at this address? \_\_\_\_\_

Do you own or rent your current home/apartment?  YES  NO If no, are you seeking permanent housing?  YES  NO

Number of adults over 21 living in the home and relationship to the student: \_\_\_\_\_

Number of children under 21 living in this home (including the student)? \_\_\_\_\_

Name of children (under 21) at this address, ages, relationship to student, and schools they attend (please include all children not yet in school): \_\_\_\_\_

Siblings at other addresses? \_\_\_\_\_

# of bedrooms in the home? \_\_\_\_\_

**Check all that apply:**

- Doubled up: living with family or friends due to natural disaster, financial hardship or loss of housing.
- Eviction notice or mortgage foreclosure in the past year.
- Living without adequate heat, electricity, plumbing or water.
- Living in a shelter/transitional housing. Name of agency: \_\_\_\_\_
- Living in hotel/motel due to lack of other suitable housing. Name of hotel/motel: \_\_\_\_\_
- Living on the street, in an abandoned building, in car, campground, or other public place not intended for regular habitation. Please explain: \_\_\_\_\_

In the past three (3) years, has any one in your household had to move to be a paid laborer in any of the following areas: farming, livestock, or processing agricultural products?  YES  NO

**Signature**

*I verify that the information provided above is true and correct.*

\_\_\_\_\_  
*Printed Name and Relationship of Person Completing the Form*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Person Completing the Form*