

LACROSSE SCHOOL DISTRICT

Student Residency Questionnaire

For distribution to all families/ students annually

School Name _____

Student Name _____ Male
 First Middle Last Female

Birth Date ____/____/____ Age _____
 Mo Day Year

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

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 residence inadequate for meeting physical and psychological needs? Yes No

If you answered YES to any of the questions, please complete the remainder of this form.

If you answered NO to all of the questions, you may stop here.

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)

Address _____

Phone _____
 Street City Zip

Parent/Legal Guardian Name _____

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 _____