This questionnaire is intended to address the McKinney –Vento Homeless Assistance Act.			
tudent Name:		Grade:Birth Date	: Sp. Ed.: yes or no
las student prev	iously received McKinney Vento/Tra	nsitional Youth/Homeless Youth services?	
f yes, please indi	cate the school district providing	S	chool Year of Service
Vhere is the stuc	lent currently living? Check one.		
	In an emergency shelter	In a camper/trailer	
	In a motel/hotel	Unsheltered	
	Foster Placement: Date of Placement	With another family/fr Due to Economic/Finar	•
No	one of the above, we rent or own	(If this is the case, you <u>do not need to comple</u>	<u>ete</u> the remainder of this form.)
he student lives	with:		
	A parent or legal guardian		
arent/Legal Gua	rdian Name:		
	Address:	City:	ZIP:
	Phone #'s :		
	A relative, friend or other adult wh	no does not have legal guardianship	
Ion-Parent/Non-	Legal Guardian student is living with:		
	Address:	City:	ZIP:
	Phone #'s :	- <u></u>	
	Alone without an adult		
Siblings: Name:		Grade: Birth Date:	Sp. Ed.: ves or no
		Grade: Birth Date:	
		Crada: Dirth Data:	
		Grade: Birth Date:	
			3p. Lu yes of no
		SCHOOL USE ONLY	
he student is home	eless according to the McKinney-Vento Ho	meless Assistance Act: Yes No	
YES, the following	enrollment requirements are waived und	er the McKinney-Vento Homeless Assistance Act:	
pro	of of residency pervision of parental/legal guardian		
sup	Service and the service of the servi	delayed until proof is produced or first round of sho	