



HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____

Last

First

Middle

Gender: Male Female Date of Birth: _____ / _____ / _____ Grade: _____
Month Day Year (preschool-12)

Place of Birth (City/State): _____

Mailing Address: _____ Phone: _____

Physical Address: _____ Cellular: _____

E-Mail _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

Ethnicity: Native-American African-American Asian
Hispanic Caucasian Other (specify) _____

Family Information:

Father	Mother
Name: _____	Name: _____
Place of work: _____	Place of work: _____
Work telephone #: _____	Work telephone #: _____

Family information (cont.):

Please list the names of any of the students' step-parent(s) and attach guardianship paperwork, if applicable:

Student's siblings (residing at current address)

Name	DOB	Grade	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the student reside with both parents? _____ (if NO, please answer the following questions....)

Parent with whom student resides? _____

Which parent has legal custody? _____ (please provide legal documentation)

If student does not reside with a parent, attach New York State court system documentation identifying legal guardianship.

If student is in a foster-care placement, please attach the Department of Social Services placement form.

If NNCS is required to send a separate copy of the student's report card to a parent at an address which is different than that from page 1, please list the addition address below:

Additional Registration Information:

School District(s) previously attended _____

Emergency contact(s) if parent(s) unavailable (please list name & phone number):

1. _____

2. _____

Has the student or either parent worked in agriculture or logging in the last five years?

Yes _____ No _____ When? _____

Copies of the following **must** accompany this form before registration will be processed:

- Birth certificate
- Social Security card
- Medical history (form attached)
- Custody papers (if applicable)
- Records from previous schools (grades, transcripts, health forms, IEP (if applicable))
- Proof of district **residency (lease, mortgage, utility bills reflecting address, tax bill, etc.)**

Declaration:

I, the parent(s)/legal guardian(s) of the student listed above, attest that all of the information contained herein is truthful and accurate:

Name (print)

Signature

Date

Name (print)

Signature

Date

MEDICAL INFORMATION

Student's Name: _____

Family Physician: _____

Medication Taken Regularly: _____

Has student had any of the following? Please include approximate dates:

Allergies: _____

Asthma: _____

Diabetes: _____

Operations: _____

Serious Injury (Specify): _____

Any other medical concerns/conditions of which the school nurse should be aware:

Parent's Signature: _____

Date: _____