Catoosa County Schools
Student Residency Questionnaire

School: _____ **Grade:** _____

Student Name: _____ **Date of Birth:** ____/____/____
First MI Last Month/ Day /Year

Parent or Legal Guardian: _____ Phone: (___)_____

Current Address:_____ Zip code: _____

All *other children in this family*:

Name	Date of Birth	School (if applicable)

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. Eligibility is determined by the district Liaison and must be renewed each school year.

Do you AND the student live in any of the following?

☐ **In a motel or hotel due to: (*check one*):**
___ Lack of alternative adequate accommodations, explain:_____
___ A convenient living arrangement
___ Have signed a rental or purchase agreement, and anticipate moving soon

☐ **In an emergency or transitional shelter**

☐ **Sharing housing of another person or family due to (*check one*):**
___ Loss of housing due to economic hardship or a similar reason
Explain: _____
___ Long-term cooperative living arrangement to save money/share expenses
___ Other (please specify):_____

☐ **In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite**

How long have you lived at this location? _____
How much longer do you anticipate living at this location? _____

Presenting a false record or falsifying records is an offense under OCGA 16-10-20.

_____ _____
Parent/Legal Guardian/ Unaccompanied Youth Date

Schools- If any boxes are checked, please send a copy to Melissa Holcombe at the County Office.