

**DOUGLAS COUNTY SCHOOL SYSTEM**

**Student Residency Questionnaire**

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? *Check one box:*

| Section A  | Section B   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Sharing the housing of other persons due to loss of housing, economic hardship or a similar reason</li> <li>■ Motel, trailer park, or campgrounds due to a lack of alternative adequate accommodations.</li> <li>■ Emergency or transitional shelter</li> <li>■ Awaiting foster care placement</li> <li>■ Cars, parks, public spaces or similar settings not ordinarily used as regular sleeping accommodations for human beings</li> </ul> <p><b><i>CONTINUE: If you checked a box in Section A, complete #2 and the remainder of this form.</i></b></p> | <ul style="list-style-type: none"> <li>■ Choices in Section A do not apply</li> </ul> <p><b><i>STOP:</i></b><br/><b><i>If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel.</i></b></p> |

2. The student lives with:

- 1 parent   
  2 parents   
  1 parent & another adult   
  a relative   
  friend(s) or other adult(s)  
 alone with no adults   
  an adult that is not the parent or the legal guardian

3. Have you worked or come here with the intention of working in the fields, poultry, meat processing plant, pulpwood or timber industry, fishing or any other agricultural job?  
 Yes\_\_\_ No\_\_\_

¿Ha trabajado o ha venido con la intención de trabajar en el camp, la pollera, procesadora de carne, sembrando y cortando arboles, pesca, algún otro tipo de trabajo en la agricultura? Si\_\_\_ No\_\_\_

School: \_\_\_\_\_

Name of Student \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Birth Date \_\_\_\_\_ Age: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s)  
 Address \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone/Pager: \_\_\_\_\_

**I certify that this statement is true and understand that I may be under penalty of perjury if I have falsified information and that my student may be withdrawn from the Douglas County School System.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**School Use Only – School Administrator's determination of Section A circumstances:**

**FAXED to Attendance, Guidance and Counseling on \_\_\_\_\_**

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and faxed to Attendance, Guidance and Counseling Departments immediately after completion. All DCSS schools must keep original forms separately from the Student Permanent Record for audit purposes during the year.

School Contact Person who may know of the family's situation: \_\_\_\_\_  
 Phone Number \_\_\_\_\_