

CHILTON COUNTY SCHOOLS
STUDENT RESIDENCY QUESTIONNAIRE

By completing this questionnaire, you help the school system comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the system identify services that the student may be eligible to receive.

SCHOOL _____

Student's Name _____ Male Female

Date of Birth (Month/Day/Year) _____ Age _____ Grade _____

Parent(s) / Legal Guardian(s) Name _____

Address _____

City/State/Zip _____

Telephone Number _____

1. Where is the student living now (*check one box*)

- in a shelter in a motel or hotel with more than one family in a house or apartment
 in a car in a campsite with friends or family member (other than parent/guardian)
 none of the above

(If you checked the box marked "none of the above", you do not have to complete the remainder of this form. Please sign below and return to the school Guidance Counselor. If your residency status changes during the year, please ask the school for another form.)

2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship?

- Yes No Unsure

3. The student lives with

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

Parent/Legal Guardian Signature _____

Please return this form to your child's teacher or school Guidance Counselor

FOR SCHOOL USE ONLY

Date Received _____

- Student not covered by McKinney-Vento Act
 Student covered by McKinney-Vento Act
 Follow-up required

Name & Phone number of a contact person at the student's school who may know of the family's situation _____