



MURRAY COUNTY SCHOOLS

P.O. Box 40
Chatsworth, GA 30705
Phone 706-695-4531 Fax 706-695-8425

Student Residency Questionnaire

Name of School: _____ Grade: _____

Name of Student: _____ Gender: M or F

Date of Birth ____/____/____ Age: _____ Social Security #: _____
Month/ Day / Year (or FTE #)

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.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is your living arrangement due to loss of housing or economic hardship? _____ Yes _____ No
3. Have you been evicted in the last 12 months? _____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living? (Check one box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- Other

Name of Parent(s)/Legal Guardian: _____

Address: _____ Zip Code _____

Telephone # _____ Alternate Telephone # _____

Other children (newborn – age 17) who are also living with this student:

Name	Date of Birth	Name of School/Preschool/Daycare

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

Signature of Parent/Legal Guardian: _____ Date: _____

TO BE FILLED OUT BY THE MCKINNEY-VENTO CENTRAL OFFICE DIRECTOR

Please send a fax (706-695-8425) and send the original through office mail to Allison Oxford, Director of Instructional Support Services.

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____

Signature of McKinney-Vento Central Office Director