

Marysville Public Schools
Student Residency Questionnaire—Confidential

Date: _____ School: _____

Name of Student: _____

Birth Date: ____/____/____ Age: _____ Male ☐ Female ☐
Month/Day/Year

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

Address: _____ State: _____ Zip: _____

Primary Contact Phone: _____ Secondary Contact Phone: _____

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 the current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ 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, and sign below.*

Where is the student presently living?

- ☐ With his/her parent/guardian in a house or apartment with another family due to economic hardship
- ☐ With friends or adults(s) other than parent/guardian, or alone without an adult
- ☐ In a motel/hotel
- ☐ In a shelter or temporary foster care placement
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, campsite or park
- ☐ In temporary housing in order to accompany or join a parent or guardian engaged in temporary or seasonal work in agriculture or fishing. (A migrant child/youth is not automatically considered homeless. They must be living in one of the housing arrangements listed above.)

For School Use Only:

- ☐ Doubled-Up
- ☐ Doubled-Up/Unaccompanied Youth
- ☐ Hotel/Motel
- ☐ Sheltered
- ☐ Unsheltered
- ☐ Migrant

Do you have preschool aged children presently living in the same location? ☐ Yes ☐ No

School districts have the right to ask new enrolees to prove residency. By signing this affidavit, you are affirming that the address/information given on all enrollment forms and the information stated above accurately reflects you/your child's present and/or anticipated residency status.

*** Signature of Parent/Legal Guardian:** _____ **Date:** _____

School Use Only:

Address verified by: ☐ Rent/Mortgage Receipts ☐ Utility Bill ☐ Driver's License ☐ Property Tax Bill ☐ Purchase Agreement ☐ Other

The above address is within the Marysville Public Schools residency area ☐ Yes ☐ No

If the parent/guardian has answered YES to any of the questions above, the MPS McKinney-Vento Reporting form must be completed and submitted to the District Homeless Liaison immediately.

Date McKinney-Vento Form faxed to District Liaison: _____

Date Free/Reduced Meal Application indicating Homeless submitted to Food Service Coordinator: _____