

**Spearfish School District 40-2
McKinney-Vento Act
Student Residency Questionnaire**

Name of Student: _____ Date of Birth: _____

Name of School: _____ Age: _____ Grade: _____

Please answer these questions about the student's residency. The information you provide is confidential. The purpose of this information to ensure the rights of your child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement? Yes No
2. Is the student's living arrangement due to loss of housing or financial hardship? Yes No
3. Has this student been considered homeless in the last two years? Yes No
4. If you answered yes to question three, do you receive Section 8 Housing Assistance? Yes No

Name of Parent, Guardian or education decision maker:

Name _____ Signature: _____ Date _____

Name _____ Signature: _____ Date _____

OR

Student (Unaccompanied Homeless Youth):

Name _____ Signature: _____ Date _____

Address: _____

Email: _____ Phone: _____

If the answer to either of the first two questions is yes, please complete the remainder of this form:

Where is the student identified above currently living? (Please check one)

In a motel or hotel due to loss of housing or financial hardship

In an emergency or transitional shelter

Sharing another family's house or apartment due to loss of housing, economic hardship, or a similar reason

In an inadequate trailer or camper

In a car, park, camping ground, street, or abandoned building

Moving from place to place (couch surfing)

Other: _____

Last school the student attended:

School: _____ District: _____

City: _____ State: _____

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required.

McKinney-Vento Program Intake Form

STUDENT NAME _____ GRADE _____ GENDER _____ Age _____

Please check the following services that are needed or desired: (Services may be requested later)

Free Breakfast/Lunch	Tutoring
Backpack Program (weekend food, hygiene products)	Mentoring (Teammate)
Transportation	After-school programs
Clothing or Shoes/Uniform for School	Special Education
School Supplies	Gifted/Talented Services
Birth to 3 Referral	LEP/Bilingual Assistance/Program
Head Start Referral	Community Resources- Food Pantry, Safety (brochure)
Preschool	Missing Records: Check those which apply
Vision Referral- Please provide Medicare or Title XIX #	Birth Certificate- Please list state of birth-
Medical/Dental Referral- Please provide Medicare or Title XIX #	Immunizations- Please list name of clinic-
Counseling- Please provide Medicare or Title XIX #	Prior Academic Records- Please list previous school
Medicaid Assistance, Food Stamps, Housing (form provided)	Guardianship Issues

Please list all children in the home:

Name	Grade	Age	Gender	School	Shirt Size	Pants Size	Shoe Size

Parent/Guardian/Unaccompanied Youth Signature

Date

Building/District Liaison Signature

Date

I authorize my student to be transported by a school employee if necessary _____ initial yes _____ initial no

AUTHORIZATION FOR RELEASE OF INFORMATION:

I, _____, the parent/guardian of _____, a student under 18 years of age, do hereby authorize the Spearfish School District No. 40-2 to receive or disclose the student's records containing personally identifiable information for the purpose of arranging Vision, Medical, Dental, Counseling, Educational, or Testing referrals.

Specify the records to be received or disclosed: Educational, Medical, Psychological, Testing

Parent/Guardian Signature

Date