

Highland Falls-Fort Montgomery Central School District

Student Residence Questionnaire

Name of School: _____

Name of Student: _____ Sex: Male Female
Last First Middle

Birth Date ____/____/____ Age: ____ Student ID #: _____
Month Day Year

This questionnaire is intended to address the McKinney-Vento Act 32 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 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.

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.

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

Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Presenting a false record or falsifying records is an offense and enrollment of the child under false documents subjects the person to liability for tuition or other costs.

Signature of Parent/Legal Guardian _____ Date _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the State.

Date

Liaison Signature