Franklin County District Schools
Student Residency Questionnaire

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT, COMPLETE ONE PER FAMILY, and return the form. ¿Habla Ud. Español? Por favor doble este papel al otro lado para llenar este estudio.**

How many children/youth are in your household? _____
Names of Students Enrolled in School (PK – grade 12) or Adult School (*If needed, use an additional sheet of paper.)*

First Name	MI	Last Name	Birth date	Grade	School
_____	___	_____	__/__/____	____	_____
_____	___	_____	__/__/____	____	_____
_____	___	_____	__/__/____	____	_____

Parent or Guardian Name (Print): _____

Street Address (Location of House):_____

Mailing Address: _____

Telephone: _____ Cell phone: _____ Work phone: _____
I certify that the information provided above correct**:**

Parent or Guardian signature:_____

Place an "X" in the appropriate box to answer "Yes" or "No."

QUESTION	YES	NO	*CODE*
1. We Rent/own our own home where student permanently resides with parent/guardian.	☐	☐	***None***
2. My family lives in an emergency or transitional shelter or FEMA trailer.	☐	☐	*A*
3. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.	☐	☐	*B*
4. My family is living in a car, park, trailer park or campground due to lack of alternative adequate accommodation, abandoned building, substandard housing, public or private place not designed for or ordinarily used as a regular sleeping accommodation for people or similar settings.	☐	☐	*D*
4. My family lives in a hotel or motel.	☐	☐	*E*
5. A child/youth in my home is waiting for foster care placement.	☐	☐	*F*
6. **With an adult that is not a parent or legal guardian, or alone without an adult.**	☐	☐	*U/Y*

Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus or other) or fishing? Check one: Yes ☐ No ☐

***If you marked "Yes" to questions 2-6 above, please indicate the cause by placing an "X" in the appropriate box.**
☐ Mortgage Foreclosure (M) ☐ Natural Disaster-Flooding (F) ☐ Natural Disaster-Hurricane (H)
☐ Natural Disaster-Tropical Storm (S) ☐ Natural Disaster-Tornado (T) ☐ Natural Disaster-Wildfire or Fire (W)
☐ Man-made Disaster (Major) (D) ☐ Natural Disaster-Earthquake (E)
☐ Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.

For School Use Only: Based on the above information and a brief interview with this family (where applicable), I attest that to the best of my knowledge they are eligible under the McKineey-Vento Act and/or Title 1 Part A/C:

_____

Print School Contact Title Phone Signature (required) Date