

**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
_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth date	Grade	School
_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth date	Grade	School
_____	_____	_____	____/____/____	_____	_____
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: _____

QUESTION – Check the appropriate box to answer “Yes” or “No”.	Yes	No	Code
1. We Rent/own our own home where student permanently resides with parent/guardian.	<input type="checkbox"/>	<input type="checkbox"/>	None
2. My family lives in an emergency or transitional shelter or FEMA trailer.	<input type="checkbox"/>	<input type="checkbox"/>	A
3. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.	<input type="checkbox"/>	<input type="checkbox"/>	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.	<input type="checkbox"/>	<input type="checkbox"/>	D
4. My family lives in a hotel or motel.	<input type="checkbox"/>	<input type="checkbox"/>	E
5. A child/youth in my home is waiting for foster care placement.	<input type="checkbox"/>	<input type="checkbox"/>	F
6. With an adult that is not a parent or legal guardian, or alone without an adult.	<input type="checkbox"/>	<input type="checkbox"/>	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.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Hurricane (H) |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire or Fire (W) |
| <input type="checkbox"/> Man-made Disaster (Major) (D) | <input type="checkbox"/> Natural Disaster-Earthquake (E) | <input type="checkbox"/> 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 McKinney-Vento Act and/or Title 1 Part A/C:

School Contact Title Phone Signature (required) Date

Original: Student’s Cumulative Folder Copy: Homeless Liaison Copy: Data Entry