Student Housing Questionnaire

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

1. Where are you and your family currently staying?

Section A (Check one box)
- □ Rent/own my own home
- □ Have a fixed, regular, and adequate nighttime residence

STOP: If you checked the above, sign under item 6 and submit form to school personnel.

Section B
- □ Temporarily with another family due to the loss of housing, economic hardship or similar reason.
  - How long have you lived at present address? ____________________
  - How long are you planning to live at present address? ____________________
  - Do you have plans to look for permanent housing in Bethel S.D.? ________
  - Do you have plans to look for permanent housing in the area of your child’s school of origin? ________
- □ With an adult that is not a parent or legal guardian, or alone without an adult.
- □ In a hotel/motel.
- □ In a vehicle of any kind, trailer park or campground, abandoned building or substandard housing.
- □ In an emergency/transitional shelter.
- □ Awaiting Foster Care placement
- □ Other ____________________

Ethnicity:
- □ African American
- □ Asian
- □ Caucasian
- □ Hispanic
- □ Native American
- □ Other

2. If you checked a box in section B, your child/children may be eligible for additional educational services through Title X, Part C – Federal McKinney-Vento Assistance Act.

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<tr>
<th>Student(s) Name</th>
<th>First</th>
<th>Last</th>
<th>M/F</th>
<th>D.O.B.</th>
<th>(Optional) Ethnicity</th>
<th>Grade</th>
<th>School Name</th>
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3. Do you have preschool age children?

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4. A. What school did your student attend when permanently housed? ________________
B. What school District was that school in? ________________________________

C. How long did your student go to that school? ___________________________

5. A. Has your child been in any special programs? __________________________

B. Does your student have a current Individual Educational Plan (I.E.P.)? _________

6. Do you have any safety concerns for your student or family? __________________________

______________________________________________________________

I understand that false information provided by us may subject us to legal penalties for perjury.
I certify that the information provided here is true and correct. I also understand that the school
district may seek to verify that this is a true statement and if not, the student will be removed from
Bethel School District to enroll in their resident district.

Parent/Guardian Name/Adult Caring for Student: _____________________________
Signature: _____________________________ Date: ____________________________

Street Address: _____________________________ City: _____________________________
State: _____________________________ Zip: _____________________________
(Area Code) Phone number: _____________________________

This will be reviewed at 90-day intervals

Date: _____________________________ Counselor/Social Worker Signature: _____________________________

Comments: ________________________________________________________________
__________________________________________________________________________

SCHOOL DISTRICT USE ONLY

☐ Student covered by McKinney-Vento Act
☐ Student not covered by McKinney-Vento Act
☐ Follow-up Required
☐ Transportation
☐ Free Meals
☐ Regular neighborhood route
☐ Form Completed/submitted
☐ District transportation
☐ Database completed
☐ Bus Pass
☐ Gas Card

Liaison Signature: _____________________________ Date: ____________________________

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