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.

<table>
<thead>
<tr>
<th>Student(s) Name</th>
<th>School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Last</td>
<td>M/F</td>
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3. **Do you have preschool age children?**

<table>
<thead>
<tr>
<th>Student(s) Name</th>
<th>School Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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
☐ Free Meals
☐ Form Completed/submitted
☐ Database completed
☐ Transportation
☐ Regular neighborhood route
☐ District transportation
☐ Bus Pass
☐ Gas Card

Liaison Signature: ____________________________ Date: ____________________________

Rev: 8/6/13