

CONROE ISD – Student Residency Questionnaire

FOR HOMELESS STUDENTS ONLY – 2008-2009 school year

Name of School: _____ Date: _____

Name of Student: _____ Birth Date: ___/___/___ Sex: Male
Last First Middle Month / Day / Year Female

Address: _____ Zip: _____ Phone: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 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. If yes, is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

If you answered YES to question #2, please complete the remainder of this form.

If you answered NO, please sign below indicating that you have read this questionnaire and are not homeless.

Signature of Parent/Legal Guardian _____ **Date** _____

Where is the student presently living? (Check one box.)

- In a motel In a shelter Moving from place to place
 With more than one family in a house or apartment
 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d). By signing this document you acknowledge that you have received your rights as provided by the McKinney-Vento Act.

Name of Parent/Legal Guardian(s) _____

Signature of Parent/Legal Guardian _____ **Date** _____

The following provisions have been set forth in the McKinney-Vento Act for homeless students:

- Homeless students have a right to continue to attend their school of origin
- Homeless students shall not be required to attend a separate school for homeless children
- Homeless students shall be provided access to transportation, education and meal programs
- Homeless students shall not be stigmatized by school personnel
- For disputes or enrollment assistance please contact Lynda Matthews, CISD Homeless Liaison at 936-709-7831

For school campus personnel, if a student is identified as homeless:

- Fax a copy of this form to Lynda Matthews, CISD Homeless Liaison at 936-709-7944
- Submit a copy to the school nurse to assist in immunization requirements
- Submit a copy to the Cafeteria Manager immediately to begin meal services
- Submit a copy of this form to the school counselor for “At Risk” coding and give another copy to the parent.

For central office use only:

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

_____ Date

_____ McKinney-Vento Liaison Signature