

MCKINNEY-VENTO QUESTIONNAIRE

THIS FORM WILL BE REQUESTED FROM FAMILIES based on questions answered during eRegistration indicating that it may be required.

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below will assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

WHERE DOES THE STUDENT STAY AT NIGHT? (CHECK ONE BOX)			
[] In a shelter			
[] In a hotel / motel			
[]In a car			
[] At a campsite			
[] In another location that is not appropriate for people (e.g., an abandoned building)			
[] Temporarily with more than one far (Doubled-up, but not by choice. Wo			
[] Other (in an arrangement that is no	ot fixed, regular, and adequate and	is not described by the other choices)	
Please describe:			
STUDENT INFORMATION (LIST ALL CHILI	DREN AGES 0-21)		
NAME:		GENDER: [] Female [] Male	
SCHOOL ATTENDING:		DATE OF BIRTH (mm/dd/yyyy):	
NAME:		GENDER: [] Female [] Male	
SCHOOL ATTENDING:		DATE OF BIRTH (mm/dd/yyyy):	
NAME:		GENDER: [] Female [] Male	
SCHOOL ATTENDING:		DATE OF BIRTH (mm/dd/yyyy):	
NAME:		GENDER: [] Female [] Male	
SCHOOL ATTENDING:		DATE OF BIRTH (mm/dd/yyyy):	
NAME:		GENDER: [] Female [] Male	
SCHOOL ATTENDING:		DATE OF BIRTH (mm/dd/yyyy):	
PARENT / GUARDIAN INFORMATION			
PARENT / GUARDIAN NAME(S):			
ADDRESS:		CITY:	ZIP:
HOME PHONE (or the number of a contact person that can reach you):			
PLEASE SIGN BELOW			
I am verifying that the above student(s	s) listed have not had a fixed, regul	ar, or adequate nighttime residence.	
PARENT / GUARDIAN SIGNATURE	DATE	-	
SCHOOL USE ONLY / BUILDING COPY			
DATE RECEIVED:	[] Qualified [] NOT Qualified	REPORTING SCHOOL:	

BUILDING MCKINNEY-VENTO LIAISON SIGNATURE