

Student/Family Housing Questionnaire

Your family may be eligible to receive additional assistance under the Federal McKinney-Vento Act 42. Please complete this questionnaire to determine eligibility.

Please use one form per family. Return form to the school office. Office, please forward to Emily Ross.

Currently, are you and/or your		
	due to loss of housing, economic hardship	
	elter, domestic violence shelter, youth shelt	ter) or FEIVIA trailer.
☐ Waiting for foster care placem		
_ , , , , ,	or hotel due to loss of housing, economic ha	·
	and, abandoned building, or other inadequa	
_ -	t(s) without an adult (unaccompanied you	
None of the above. You do not	t need to complete the remainder of this fo	orm.
Only complete the remainder of	this form if you checked something	other than "None of the above
Please list <i>all</i> children living in the h	nome:	
Child's Name	Date of Birth	School Name
11.14.11.11.11.11.11.11.11.11.11.11.11.1		113 moneya
Presenting a false record or falsifying re subjects the person to liability for tuitio	ecords is an offense and the enrollment of t on and other costs.	the child under false documents
arent/Guardian Signature	Parent/Guardian Name (please print)	Date
dress:	Parent/Guardian Name (please print) City	Date State Zip Code

Updated 4/21 Page 1 of 1