

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 you	ur family living in	any of the following	situations? Cl	neck all t	hat apply.	
Sharing the housing of other	rs due to loss of hou	sing, economic hardship	or similar reason	٦.		
Staying in a shelter (family s	helter, domestic viol	ence shelter, youth shel	ter) or FEMA tra	iler.		
Waiting for foster care place	ement.					
Temporarily living in a mote	el or hotel due to loss	of housing, economic h	ardship or simila	r reason.		
Living in a car, park, campgr	ound, abandoned bu	ilding, or other inadequ	ate accommodat	tion.		
Living alone as a minor stud	ent(s) without an ad	ult (unaccompanied you	th).			
If you checked any b	ox above, pleas	se complete the r	emainder o	f this fo	rm	
Please list all children living in the	e home:					
Child's Name		Date of Birth		School Name		

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Presenting a false record or falsifying subjects the person to liability for tui		e and the enrollment of	the child under fo	alse docun	nents	
Parent/Guardian Signature	Parent/Guard	iian Name (please print)		Date		
ddress:	MANU	City		State	Zip Code	
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rimary Phone Number		Additional Phone Num	ber			

Updated 4/19