

BLACKFOOT SCHOOL DISTRICT
Standard Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

1. Presently, where is the student staying at nighttime? Check one box

Section A	Section B
<input type="checkbox"/> In a shelter, transitional housing, or awaiting foster care <input type="checkbox"/> With more than one family in a house or an apartment due to loss of housing or economic hardship. <input type="checkbox"/> In a temporary trailer, campground, car, or park <input type="checkbox"/> In a hotel or motel	<input type="checkbox"/> Choices in Section A do not apply <p><i>STOP:</i> If you checked this section, you do <i>not</i> need to complete the remainder of this form. Submit to school personnel. Thank you.</p>

CONTINUE ONLY: If you checked a box in Section A, complete question 2, sign the form and give it to school personnel.

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent of the legal guardian |

School _____ Grade _____

Name of Student _____ Male Female

Birth Date _____ Age _____

Name of Parent(s) Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

In the past three years has your family lived in another school district? This includes other school districts in Idaho or another state of country. _____

Signature of Parent/Guardian _____ Date _____

School Use Only – Campus Administrator’s determination of Section A circumstances:

If the parent/guardian has checked Section B above, completion of form is not required. For any choices in Section A, this form must be immediately routed to appropriate personnel. The original form must be kept separately from the Student Permanent Record for audit purposes during the year.

The name and phone number of a school contact person who may know of the family’s situation:

_____ Date Distributed _____