

Local Emergency Contacts (In Addition to Parents/Guardians):

Emergency Contact Person: _____ **Relationship:** _____

Phone Number: _____ Home / Cell / Work (Please circle which applies)

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Phone Number: _____ Home / Cell / Work (Please circle which applies)

Child may NOT be released to the following people (office must have legal documentation on file):

Person: _____ Relationship: _____

Person: _____ Relationship: _____

Medical Conditions/Issues (list and/or describe all allergies and other medical conditions about which school staff members should be aware): _____

Will your child require medication at school? Yes No

A medication release form must be on file in the office before any medication (prescribed or over the counter) may be administered to a student.

Please attach additional documentation regarding medical needs.

Other children who reside in the home:

Name	Birth date	Grade	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties for perjury.

Legal Parent/Guardian Signature

Date

Legal Parent/Guardian Signature

Date

Student Residency Questionnaire

Name: _____

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help school staff determine what residency and other documents are necessary for enrollment of this student.

The student lives in the following situation:

- Owner-occupied home
- Rental unit
- Emergency shelter or transitional housing*
- Motel/hotel*
- Campground*
- Public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, substandard housing, and bus or train stations*
- Awaiting foster care placement and living in a temporary situation*
- Long-term, stable, cooperative living arrangement
- Temporary, shared housing with friends, family or others due to:
 - Loss of personal housing* (due to reasons such as eviction, inability to pay rent, destruction or damage to home, abuse or neglect, unhealthy conditions, parental abandonment or incarceration)
 - Economic hardship*
 - Other, similar reason: _____*

* Living in these situations may qualify you for services, including immediate enrollment, transportation, school supplies, educational advocacy and community referrals.

If you are living in temporary shared housing, please answer the following questions.

1. Is the living situation intended to be temporary or long-term? _____
2. How long have you lived there? _____
3. Do you consider yourself a guest in the home? Yes No
4. Are you paying rent? Yes No
5. Are you looking for another place to live? Yes No
6. Do you plan to move out soon? Yes No
7. Does the student have a legal right to be in the home? Yes No
8. Can the student or family be asked to leave at any time with no legal recourse?
 Yes No
9. Did the student move into the home as an urgent measure to avoid being on the street or in another precarious situation? Yes No
10. How many people live in the home? _____ How many bedrooms are there? _____
11. Where does the student sleep? _____