

Student Residency Questionnaire (Optional)

Please return this form to Williamsburg City School

Students Name: _____

Date:

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

- 1. Is your current address a temporary living arrangement? □Yes □No
- 2. Is this temporary living arrangement due to loss of housing or economic hardship? □Yes □No

If you answered YES to the above questions, please complete the remainder of this form. *If you* answered NO, you may stop here.

Where is the student presently living? (check one box)

- □ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, cannot afford housing, etc).
- In a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations.
- In emergency or transitional shelters such as domestic violence or homeless shelter or transitional housing shelter or agency.
- Having a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans.
- □ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

 \square None of the above.

3. How long do you anticipate living at this location?

Parent(s)/Guardian(s): _____ Date: _____

(School Registrar use this form to complete the McKinney-Vento Worksheet.)