

District Registration
Phone: 814-273-1033
Fax: 814-273-1030

General McLane School District
11771 Edinboro Road
Edinboro, PA 16412

STUDENT RESIDENCY QUESTIONNAIRE

The answers you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate and continued enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

What is the address at which you are currently living? _____

What is the name of school district in which this residence is located? _____

Student Name: _____ Birth date: _____ Grade _____ Male / Female

Name: _____ Birth date: _____ Grade _____ Male / Female

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Section A (if you answer YES in this section, please complete the remainder of this form)

Is this residence a Temporary Residence? Yes No

Is your current residence a result of loss of housing or other financial hardship? Yes No

Section B Where is the student currently living (Please check one box)

- In a shelter
- In a motel/hotel
- In substandard housing
- In a vehicle, park, bus, train or campsite
- Awaiting foster care placement
- In permanent housing
- Family living with another family/person because of loss of housing or result of economical hardship ("double-up")
- In a transitional housing program (unaccompanied youth*)
- With an adult that is not a parent or legal guardian (unaccompanied youth*)
- Student living alone without the parent/guardian (unaccompanied youth*)
- Other, temporary living situation, specify situation: _____

Date family or student moved into temporary housing: _____

Name of School and District of residence before student moved into temporary housing: _____

What was your address prior to moving into temporary housing: _____

Notes from interview with McKinney-Vento Liaison: _____

* **Unaccompanied Youth:** If you would like to appoint a "person in parental relationship" to assist you with educational decisions, call in absences, and advocate for you in any other educational matter, please provide name, address and phone number for this person:

Name

Address

Phone

Print name of Parent/Guardian, or Student (for unaccompanied youth*)

Signature of Parent, Guardian, or Student (for unaccompanied youth*)

Date: _____