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(360) 676-6400
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Student Residency Questionnaire

Please use one form per student. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

NAME OF STUDENT: _____
FIRST MIDDLE LAST

NAME OF SCHOOL: _____ GRADE: _____ BIRTH DATE: _____ / _____ / _____ AGE: _____
MONTH DAY YEAR

SEX: MALE FEMALE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes No
3. Is this student in a temporary foster care placement or awaiting foster care? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

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

Where is this student currently living? (check box)

- In a motel Group home
 In a shelter Transitional housing
 With more than one family in a house or apartment
 Moving from place to place
 In a location not designed for sleeping accommodations such as a car, park or campsite

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

NAME OF MOTEL /SHELTER OF CURRENT RESIDENCE: _____
(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardians(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

For School Staff Only: Forward questionnaire to Student Services, Attn: Homeless Support Coordinator or fax to 647-6898