

Student Name _____

Optional

**McKinney-Vento Residency Form
2020-21 School Year**

The answers you give below will help determine your child's eligibility for services under the McKinney-Vento Act. Students who are protected under then McKinney-Vento Act are entitled to immediate enrollment in school, even if they do not have the documents needed, such as proof of residency, immunization records or birth certificate.

Are you temporarily staying in one of the following places due to loss of housing or economic hardship?

Where is student currently living? (Please check one)

- Homeless Shelter Doubled up (living/staying with another family member/others)
 Hotel / Motel Other location (e.g. in a car/park/campsite)
 Other temporary living arrangement (please describe) _____

Names of children in household if above applies to you:

(You only need to fill out ONE form per family)

First Name	Last Name	Grade/Age	School

Parent/Guardian Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email address _____

Please read: Presenting false information, false records or falsifying records is an offense punishable by federal and state law. By signing below, you attest that all information on this form is true and acute.

Parent/Legal Guardian Signature _____ Date _____

For School Use Only: I certify the above named student is eligible to receive services under McKinney Vento Law Including the Child Nutrition Program

McKinney Vento Liaison _____ Date _____

