GLOVERSVILLE ENLARGED SCHOOL DISTRICT
STUDENT ENROLLMENT / RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____ Sex: □ Male
Last First Middle □ Female

Birth Date _____/_____ /_____ Age: _____ Grade: _____ Social Security #: _____
Month / Day / Year

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 (i.e., 1-6 months)? _____ Yes _____ No
   Explain: _____

2. Is this temporary living arrangement due to loss of housing (eviction/damaged home), economic hardship, violence, abandonment, etc? _____ Yes _____ No
   Explain: _____

If you answered YES to <u>either</u> question above, please complete the remainder of this form.
If you answered NO to both questions, you may stop here.

Signature of Parent/Legal Guardian_____ Date_____
Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Where is the student presently living? (*Check one box.*)

- □ In a motel/hotel
- □ In a shelter
- □ With more than one family or relatives in a house or apartment
- □ Moving from place to place
- □ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s): _____

CURRENT Address:_____ Zip _____

Telephone: _____ **PREVIOUS** Address: _____
_____
_____

PREVIOUS District: _____

Please send a copy to Colleen Ulrich, Director of Student Support Services (Liaison) at Gloversville Middle School or Fax to 775-5727.

****

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

_____ _____
Date McKinney-Vento Liaison Signature

Cc: Data Coordinator
Director of Food Services