

**Meriwether County School System  
Student Residency Questionnaire**

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency information necessary for enrollment of this student.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Male\_\_ Female\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

**1. Presently, where is the student living?** *Check one box.*

Section A	Section B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian)  <p><b><i>CONTINUE:</i></b> <i>If you checked a box in <b>Section A</b>, complete #2 and the remainder of this form.</i></p>	<input type="checkbox"/> Choices in Section A do not apply          <p><b><i>STOP:</i></b> <i>If you checked this section, you do <b>not</b> need to complete the remainder of this form. Submit to school personnel.</i></p>

Brief description of homeless situation (i.e., unemployment, migration, home destroyed in fire, youth decided to leave home, etc. ) \_\_\_\_\_

**2. The student lives with:**

- |   |  |
|---|--|
| <input type="checkbox"/> 1 parent                 | <input type="checkbox"/> a relative, friend(s) or other adult(s)               |
| <input type="checkbox"/> 2 parents                | <input type="checkbox"/> alone with no adults                                  |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

I attest that the information above is true and accurate regarding my current residency arrangements.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian and Date**

(If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and forwarded to the Counselor's Office immediately after completion. Original copies should be forwarded to the District Level Homeless Liaison.)  
Name and phone number of a School Contact Person who may know of the family's situation:

\_\_\_\_\_  
Date form forwarded to Counselor's Office: \_\_\_\_\_

Date form forwarded to Homeless Liaison: \_\_\_\_\_ ([dawn.woodard@mccsga.org](mailto:dawn.woodard@mccsga.org))

Student Name: \_\_\_\_\_

**District Homeless Liaison Completes Below**

Homeless Liaison determination of Section A circumstances:

Meets McKinney-Vento HAA\_\_\_\_ Does not meet McKinney-Vento HAA\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and phone number of a School Contact Person

who may know the family's situation:

\_\_\_\_\_

Homeless Liaison: *Dawn Woodard*

Homeless Liaison's Signature/Date: \_\_\_\_\_

Date determination communicated with Parent(s)/Legal Guardian: \_\_\_\_\_

Date determination forwarded to Counselor: \_\_\_\_\_

Resources Made Available to Student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_