



# Fort Frye Local Schools

## Student Residency Questionnaire

510 Fifth St. P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

Name of School: \_\_\_\_\_

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

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Student Number: \_\_\_\_\_

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine services that students may be eligible to receive.**

1. Is your current address a temporary living arrangement?  Yes  No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

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

Where is the Student presently living? (Check only one box)

- In a motel
- In a shelter
- With more than one family 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 Guardian(s): \_\_\_\_\_

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

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

**The Section Below will be completed by the McKinney-Vento Liaison**

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

Yes  No

**Signature of McKinney-Vento Liaison:** \_\_\_\_\_ **Date:** \_\_\_\_\_