

FOR EVERY ENROLLMENT PACKET



Louisiana Student Residency Questionnaire Form (Form Must Be Included In School Enrollment Packet)

Date 2017-18 District/Parish: RAPIDES School Name:

Student Name SSN/ID#

Male/Female Date of Birth Address

Telephone Number Last School Attended Current Grade

Parent/Guardian/Adult Caring for Student Relationship

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title X, Part C, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. Yes No Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)

2. Yes No Is the temporary living arrangement due to loss of housing or economic hardship?

3. Where is the student currently living? (Check all that apply):

- checkbox In an emergency/transitional shelter.
checkbox Temporarily with another family because we cannot afford or find affordable housing. (with:)
checkbox With an adult that is not a parent or legal guardian, or alone without an adult. (student w/)
checkbox In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
checkbox Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
checkbox In a hotel/motel.
checkbox Other specific information

4. Yes No Does your child have a disability or receive any special education services? (Check One)

5. Yes No Does your child exhibit any behaviors that may interfere with his or her academic performance?

6. Would you like assistance with uniforms student records school supplies transportation other?

(Describe:)

7. Yes No Migrant - Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including poultry processing, dairy, nursery, and timber) or fishing?

8. Yes No Does your child have siblings?

Name Grade Name Grade
Name Grade Name Grade
Name Grade Name Grade

9. The undersigned certifies that the information provided above is accurate:

Print : Parent/Guardian Name/Adult Caring for Student Signature Date

(Area Code) Phone number Street Address City State Zip

School Use Only Free or Reduced Price Meals Form submitted/signed Copy Placed in Student's Cumulative Record

Homeless Liaison Use Only- Check All That Apply:

checkbox Sheltered checkbox Doubled-Up checkbox Unsheltered/FEMA checkbox Hotel/Motel Unaccompanied youth checkbox Yes checkbox No

Print School Contact Title Signature (required) Date (Revised 3/2010)

Eligibility Verification Form

Student Name: _____ School: _____ Date: _____

1. Presently, where do you and/or your family sleep at night?

____ in a shelter or transitional housing

____ in a car, park, campground, public place, abandoned building or other similar locations

____ in housing or any vehicle (including camper) without running water, electricity, or heat

____ with another family in their home, apartment, etc., due to loss of housing, economic hardship or similar reason; doubled-up

____ similar arrangements due to economic hardship or chronic illness

2. Student lives with at least (1) parent or legal guardian:

____ YES ____ NO

If NO, which situation best applies

____ alone or with friends and no adults; or

____ with an adult friend or relative that is not the parent or legal guardian

*** **provisional or temporary guardianship is not a legal guardian**

3. Do you rent, lease or own your home?

____ YES ____ NO

Return this form to: Your Child's School

Schools return all form to: Janet Burgess, CNP Supervisor