

Carroll County Student Residency Questionnaire Form

School _____

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Where are you and your family currently staying? Check one box.

Section A

Rent/own my own home.

STOP: If you rent/own your own home, sign under item 5 and submit form to school personnel.

Section B

Temporarily with another family because we cannot afford or find affordable housing.

With an adult that is not a parent or legal guardian, or alone without an adult.

In a hotel/motel.

In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.

In an emergency/transitional shelter.

Other

CONTINUE: If you checked a box in Section B, complete the remainder of this form.

For School Use

Only:

Doubled-Up

Doubled-Up/

Unaccompanied Youth

Hotel/Motel

Unsheltered

Sheltered

Unknown

2. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check One) Yes No

3. If you checked a box in Section B, your child/children may be eligible for additional educational services through Title I, Part A, Title I Part C-Migrant, or Title X, Part C-Federal McKinney-Vento Assistance Act.

Student(s) Name		M/F	D.O.B.	Grade	School Name
First	Last				

5. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student

Signature

Date

5. El/La firmante certifica que la información provista arriba es certera.

En letra de molde Nombre del(a) padre/encargado/ Adulto que cuida al estudiante Firma Fecha

(Código de área) número telefónico dirección Ciudad Estado Código postal

School Use Only

Free or Reduced Price Meals Form submitted/signed

Referral Form completed/submitted

Print School Contact Title Signature (required) Date (Revised

2/12)

* Please FAX Residency Questionnaire and Referral Form to FIT Office (770-830-5017)