McKinney-Vento Residency Information Form 2022-2023

Parent/Guardian Name:_____ **Relationship to Child:** _____

Current Address: (If Hotel, please include the name of Hotel and Room Number)

_____

Street Address City, State, Zip Code

Phone Number:(Home or Cell) _____ Work: _____

Email: _____

Current Living Situation:

- ☐ --Doubled up or sharing the housing of other persons due to loss of housing or financial hardship
- ☐ --Hotel/motel, campground, or similar setting due to lack of adequate housing options
- ☐ --Emergency or transitional shelter (including domestic violence, homeless shelters, or other transitional housing facilities)
- ☐ --Place not designed for or ordinarily used as a regular sleeping accommodation for humans
- ☐ --Cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings
- ☐ --Unaccompanied Youth

- ☐ --Permanently Housed - Not one of the above.
- ☐ --Now in Foster Care

Parent Signature _____ **Date** _____

****Please include all students served in Carroll County Schools.**

School	Grade	Student Name	Date of Birth	IEP? Yes or No