

Richard Allen Schools

McKinney-Vento Questionnaire of Residency

PLEASE PRINT

Student Name(s): _____ Date: _____

☐ Richard Allen I
(Edgemont)

☐ Richard Allen II
(Downtown)

☐ Richard Allen III
(Hamilton)

☐ Richard Allen Prep
(Dayton View)

This questionnaire addresses the McKinney-Vento Act (P.L. 107-110). Your answers will help the school administrator determine residency documents necessary for this student's enrollment.

Presently, where is the student living? (Select an answer from Section A or Section B below)

Section A:

- ☐ In shelter
- ☐ More than one family in house or apartment
- ☐ In motel, hotel, car or campsite
- ☐ With friends or family members (other than parent/guardian)
- ☐ Moving from place to place

CONTINUE - If you checked a box in Section A, skip Section B, complete Sections C, D, and E.

Section B:

☐ Choices in Section A

DO NOT apply to me

STOP - If you checked the box in Section B, sign here and submit this form to school personnel.

Parent/Guardian Signature _____ Date _____

Section C: The Student Lives:

- ☐ With one parent
- ☐ With two parents
- ☐ With one parent and another adult
- ☐ Alone with no adults
- ☐ With a relative, friend(s) or other adults(s)
- ☐ With an adult not the parent or legal guardian

Section D: Living Arrangements:

- ☐ Is your current address a temporary living arrangement?
 - ☐ If a temporary living arrangement due to loss of housing or economic hardship, estimate length of time you will reside at this address.
- Estimated length of time: _____

Section E: Complete this section and return this form to the Richard Allen campus checked above if you, the parent/legal guardian, cannot verify that you own or rent a residence in the Richard Allen Schools District. A proof of residency is required from the person who owns the address where you and the student reside. Each public school district has criteria for accepting proof of residency. (See Acceptable Proofs of Residency form for criteria)

Public School District of Residence: _____

Parent/Legal Guardian Name: _____

Although I do not own or rent a residence, I am the custodial parent of the child named above and my current temporary or permanent residence is as follows: (All addresses will be verified)

Street Address _____ (Include Apt. Number) _____ City _____ State _____ Zip Code _____

Print Name of Legal Resident who _____ Owns or _____ Rents the Residence Telephone (Include Area Code) _____

If my permanent or temporary residence changes, or status of Section B changes, I agree to notify the school immediately. I certify that the above information is correct and the above named parent/legal guardian and student currently rent/reside in my home. Furthermore, I will provide proof of residency documents as required by attending Public School District.

Signature of Residence Owner/Renter _____

Date _____

Richard Allen Schools

Student and Family Change Form

☐ Richard Allen I
(Edgemont)

☐ Richard Allen II
(Downtown)

☐ Richard Allen III
(Hamilton)

☐ Richard Allen Prep
(Dayton View)

If changing from homeless to permanent address or permanent address to homeless will require you to complete the McKinney-Vento Questionnaire of Residency. You must also provide proof of residency as required by your public school district. Fill out only the section that applies to your change(s).

Date of Change: (MM/DD/YYYY) _____ ☐ DASL ☐ EMIS

Student Name: _____
First MI Last

Student Change of Address

(Must also complete McKinney-Vento Questionnaire)

Previous Street Address: (No P.O. Box) _____

Previous City: _____ Previous State: _____ Previous Zip Code: _____

New Street Address: (No P.O. Box) _____

(Include Apartment or Lot Numbers in Address)

New City: _____ New State: _____ New Zip Code: _____

New Phone Number: (Include Area Code) _____ New Cell Phone: _____

Change in Parent/Guardian Status

(Court papers must accompany this change)

Check Relationship: ☐ Father ☐ Mother ☐ Guardian ☐ Foster Parent ☐ Grandparent

Name: _____ ☐ Custodial Parent
First MI Last

Address, City, Zip: _____ Email: _____

Home Phone: (XXX-XXX-XXXX) _____ Cell Phone: (XXX-XXX-XXXX) _____

Employer: _____

Work Phone: (XXX-XXX-XXXX) _____ Available at Work: ☐ Yes ☐ NO

Change Contact/Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Legal Guardian Signature

By signing, I verify that all the information provided is true and verifiable to the best of my knowledge.

Date: (MM/DD/YYYY) _____

Parent/Legal Guardian Name (MUST BE PRINTED): _____

Signature: _____ Relationship: _____