

## obbs Municipal Schools - Student Residency Questionnaire Form

Date \_\_\_\_\_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.									
	y, where are yo	ou and your famil	y curren	ntly staying? C	heck one b	IOX.			
Section A									
	n my own home u rent/own your	e. own home, sign u	ınder iter	n 5 and submit fe	orm to sch	ool 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 motel, hotel, trailer park or campground without running water/electricity.									
In a vehicle of any kind, abandoned building or substandard housing.									
In an emergency/transitional shelter.									
Other									
<b>CONTINUE:</b> If you checked a box in Section B, complete the remainder of this form.									
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 che	ecked a box in	Section B, your of Federal McKinn				al educational	services thro	ugh Title I, Part A, Title I Par	
	Student(s) Nar	ne							
First	Middle	Last		S.S.#	M/F	D.O.B.	Grade	School Name	
4. Would vo	u like to be co	ntacted by a mor	nhor of t	he school syst	om's Educ	ation for Hon	aless Childre	n and Youth program staff?	
		indecied by a men		ine school syste			iciess officie	and routh program starr	
5. The unde	ersigned certifie	es that the inforn	nation pr	rovided above i	s accurate	<b>)</b> .			
Print Parent/Guardian Name/Adult Caring for Student						Signature Date			
(Area Code) P	rea Code) Phone number Street Addre				City			te Zip	
*****	*****	*****	******	*****	********	*****	*****	*******	
School Use Only									
Free or Reduced Price Meals Form submitted/signed									
Referral F	orm completed	/submitted							
Print School C	Contact	Tit	itle Signature (required)				Date		