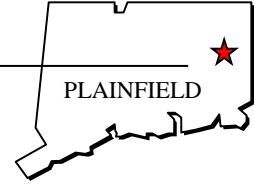




PLAINFIELD PUBLIC SCHOOLS

651 NORWICH ROAD
PLAINFIELD, CT 06374
(860) 564-6403
(860) 564-6412 (FAX)



Student Residency Questionnaire

Please use one form per family. Please return to school office

School: (Check all that apply) ECC MES SHE PMS PCMS PHS

Name of Student: _____

Birthdate: ____/____/____ Age: ____ Grade: _____

Other Children living in the Home:

Name: _____ Name: _____

Name: _____ Name: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to residency information help determine the services the student may be eligible to receive.

- 1. Is this student's home address a temporary living arrangement, other than rental? ___ Yes ___ No
- 2. Is this a temporary living arrangement due to loss of housing, economic hardship or similar reason? ___ Yes ___ No
- 3. As a student, are you living with someone other than your parent or legal guardian? ___ Yes ___ No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered no you please stop here.**

Where is the student currently living (Check one):

- ___ In a motel, car or campground
- ___ In a shelter
- ___ With more than one family in a house or apartment
- ___ Moving from place to place
- ___ With family or friends (other than parent or guardian)
- ___ Other (please explain) _____

Name of Parent(s)/Legal Guardians(s): _____

Street Address: _____ Zip: _____

Phone: _____

Signature of Parent/Legal Guardian _____

Date: _____