

Brocton Central School Student Residency Questionnaire

Name of Student: _____

Permanent Primary Address of Student: _____
Street (not PO Box) City State Zip

Sex: Male
 Female

**Two Proofs of Address Mandatory for New Students: Utility Bill, License, Tax/Mortgage/Rent Statement
Passport, Pension Statement. (May also be required for returning students.)**

Birth Date: ____ / ____ / ____ Age: _____
Month Day Year

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and helps determine the services the student may be eligible to receive. Students protected under this Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In permanent housing
- In a motel/hotel
- In a shelter
- With more than one family in a house or apartment as a result of economic hardship
(sometimes referred to as "doubled-up")
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, bus, or campsite
- Other temporary living situation (Please describe): _____

Name of Parent(s)/Legal Guardian(s) Print: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian: _____ Date: _____

Please send a copy to school with your child and return to homeroom or MS & HS Office.

FOR OFFICE USE ONLY

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature Date

BCS Administrator Date

