GLOVERSVILLE ENLARGED SCHOOL DISTRICT
STUDENT ENROLLMENT/RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____ Sex: ___M ___F
Last First Middle

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

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

1. Is your current address a temporary living arrangement (i.e., 1-6 months)? ____ Yes ____ No
   Explain: _____
2. Is this temporary living arrangement due to loss of housing (eviction/damaged home), economic hardship, violence, abandonment, etc? ____Yes ____No
   Explain: _____

If you answered YES to <u>either</u> question above, please complete the remainder of this form. If you answered NO to both questions, you may STOP here.

Signature of Parent/Legal Guardian_____ Date_____

I declare under penalty of perjury, NY State Penal Law 210.10, that the information provided here is true and correct and of my own personal knowledge and that if called upon to testify, I would be competent to testify.

Where is the student presently living? (*Check one*)

____In a motel/hotel
____In a shelter
____With more than one family or relatives in a house or apartment
____Moving from place to place
____In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

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

CURRENT Address: _____ Phone:_____
Street City State Zip

PREVIOUS Address: _____
Street City State Zip

PREVIOUS School District: _____

****Please send a copy to Colleen Ulrich, Director of Student Support Services (Liaison) at Gloversville Middle School or Fax to 775-5727.**

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

_____ _____
Date **McKinney-Vento Liaison Signature**

Cc: Data Coordinator
Director of Food services

revised 1/20/15