

**GLOVERSVILLE ENLARGED SCHOOL DISTRICT**  
**STUDENT ENROLLMENT/RESIDENCY QUESTIONNAIRE**

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Sex: \_\_\_M\_\_\_F

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 either 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.*

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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 Ryan Collins, Director of Student Support Services (Liaison) at Gloversville Middle School or Fax to 775-5727.**

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\*\*\*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