



TROY
CITY SCHOOL DISTRICT

Central Registration

475 First Street
Troy, New York 12180
(518) 328-5007

Housing Questionnaire

Name of School: _____ Grade: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____
Month Day Year

New Address: _____ Zip: _____ Phone: _____

The answer you give below will help the District determine what services you or your child may be able to receive under the McKinney-Vento 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 who are protected under the McKinney Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? – Please check one box.

- In permanent housing
- In a shelter
- In a motel/hotel
- With another family or person because of loss of housing or economic hardship
- In a car, park, bus, train, or campsite
- Other temporary living situation _____

Print name of Parent, Guardian or Student

X _____
Signature of Parent/Guardian or Student

Date



Address change:
Please provide current national grid bill or lease or mortgage statement



TROY CITY SCHOOL DISTRICT

Change of Address Form

Date: _____

Student ID: _____

Home School: _____ School Enrolled: _____

NCLB

SP

ESL

School Choice: _____

Student Name: _____ / _____ / _____ Grade: _____
First Middle Last

Date of Birth: ____/____/____ Current School Building: _____ Relocation Date: ____/____/____

Are you in your current school due to School Choice: Yes No

NEW ADDRESS:

Address: _____ / _____ / _____ NY _____
Street Apt/Flr City State Zip

Phone Number: () _____ EMAIL ADDRESS: _____

Name of Parent or Guardian who last registered the student: _____

Is there a change in parent or guardian Yes No

PREVIOUS ADDRESS:

Address: _____ / _____ / _____ NY _____
Apt/Flr

Previous Address Phone Number: () _____

Special Education Services

Does the student currently have an IEP (Individualized Education Plan)? Yes No

Does the student currently receive ESL services? Yes No

Are translation services needed? Yes No

When you move within the Troy City School district, you are required to provide the school district with "Proof of Residency" for the NEW ADDRESS.

One of following is required to verify residency:

____ National Grid Bill (within 30 days)

____ Lease

____ Notarized Landlord Letter

____ Mortgage Statement

____ Other _____

____ Photo ID

____ Custody Papers ____ CPS/DSS

____ Parent/ Custodial Affidavits

____ McKinney-Vento

____ Order of Protection

Does the student have a parent/guardian on active duty in the Armed Forces? Yes No

Parent/Guardian Certification: I certify that the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Troy City School District.

Parent or Guardian Signature _____ **Date:** _____

Parent/Guardian Information

Mother/Female Guardian: _____ / _____ / _____
First Middle Initial Last

Relationship to child: Mother Stepmother Legal Guardian Foster Parent Other _____

Resides in Home Yes No Custodial Parent Yes No Is to receive Correspondence Yes No

Mailing Address if different from above: _____ / _____ / _____
Street Apt/Flr City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Phone call priority (1-3): Home ____ Work ____ Cell ____

Father/Male Guardian: _____ / _____ / _____
First Middle Initial Last

Relationship to child: Father Stepfather Legal Guardian Foster Parent Other _____

Resides in Home Yes No Custodial Parent Yes No Is to receive Correspondence Yes No

Mailing Address if different from above: _____ / _____ / _____
Street Apt/Flr City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Phone call priority (1-3): Home ____ Work ____ Cell ____

Change in Emergency Contacts – If unable to contact parents

Emergency Contact Name _____ Relationship _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Address: _____

Emergency Contact Name _____ Relationship _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Address: _____

My child can: **(Please check off one of the following):**

A. Go home by him/herself

B. Can go home with _____

C. Can Go To _____

D. Other (Please Explain) _____