

Housing Questionnaire

Name of School: _____

Grade: _____

Name of Student: _____
Last First Middle

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

Address: _____ Zip Code: _____

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

Signature of Parent/Guardian or Student

Date



Change of Address Form

Date: _____

Student ID: _____

Home School: _____ School Enrolled: _____ SP ESL Grade: _____

Name of Student: _____
Last First Middle

Date of Birth: ____/____/____ Current School Building: _____ Relocation Date: _____
Month Day Year

New Address:

_____ Zip Code: _____
Street Apt/Fir City

Phone: _____ Email Address: _____

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

Is there a change in parent or guardian? Yes No

Previous Address:

_____ Zip Code: _____
Street Apt/Fir City

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 the following is required to verify residency:

- | | |
|---|------------------------------------|
| _____ National Grid bill (within 30 days) | _____ Photo ID |
| _____ Lease | _____ Custody Papers _____ CPS/DSS |
| _____ Notarized Landlord Letter | _____ Parent/Custodial Affidavits |
| _____ Mortgage Statement | _____ McKinney-Vento |
| _____ Other (describe: _____) | _____ 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.

Signature of Parent/Guardian

Date



Parent/Guardian Information

Mother/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/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 _____

Other Children Living in the Household

Name: _____ Date of Birth: ____/____/____

Gender: Male Female Past Registrant Yes No

Name: _____ Date of Birth: ____/____/____

Gender: Male Female Past Registrant Yes No

Change in Emergency Contacts (if unable to contact parents)

Emergency Contact 1: Name: _____ Relationship to Student: _____
Other than parent/guardian

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

Address: _____

Emergency Contact 2: Name: _____ Relationship to Student: _____
Other than parent/guardian

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

Address: _____

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

___ Go home by him/herself _____ Can go home with: _____

___ Can go to: _____ Other (explain): _____