



Caesar Rodney School District

Student Residency Questionnaire

Name of School _____

Name of Student _____ Sex: Male
Last First Middle Female

Birth Date ____/____/____ Age: _____ Student I.D. Number _____
Month / Day / Year (provided by school)

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)). The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your 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 and sign below. If you answered NO to both of the above questions, you may stop here and sign below.

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

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations such a car, park, or campsite.

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

Address _____ City _____ State _____ 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 _____ at the District Office.

Fax: (302) 697-3406

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