

# CENTRAL COMMUNITY SCHOOL SYSTEM

## Louisiana Student Residency Questionnaire Form (Form Must Be Included In School Enrollment Packet)

Date \_\_\_\_\_ District/Parish \_\_\_\_\_ School Name \_\_\_\_\_

Student Name \_\_\_\_\_ SSN/ID# \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth (D.O.B.) \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Last School Attended \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Guardian/Adult Caring for Student \_\_\_\_\_ Relationship \_\_\_\_\_

*Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title X, Part C, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.*

- Yes  No Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)
- Yes  No Is the temporary living arrangement due to loss of housing or economic hardship?
- Where is the student currently living? (Check all that apply)

<input type="checkbox"/> In an emergency/transitional shelter.	<input type="checkbox"/> Awaiting foster care placement.
<input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing.	
<input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult.	
<input type="checkbox"/> In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.	
<input type="checkbox"/> Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)	
<input type="checkbox"/> In a hotel/motel.	<input type="checkbox"/> Other specific information _____

- Yes  No Does your child have a disability or receive any special education services? (Check One)
- Yes  No Does your child exhibit any behaviors that may interfere with his or her academic performance?
- Would you like assistance with  uniforms  student records  school supplies  transportation  other?  
(Describe: \_\_\_\_\_)
- Yes  No Migrant - Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including poultry processing, dairy, nursery, and timber) or fishing?
- Yes  No Does your child have siblings (brothers or sisters)? *Note: Use back of page if more space is needed.*  
Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

9. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Area Code) Phone number \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Use Only  Free or Reduced Price Meals Form submitted/signed  Copy Placed in Student's Cumulative Record

Homeless Liaison Use Only- Check All That Apply

Sheltered  Doubled-Up  Unsheltered/FEMA  Hotel/Motel  Unaccompanied Youth  Yes  No  Awaiting Foster Care Placement

Print School Contact \_\_\_\_\_ Title \_\_\_\_\_ Signature (required) \_\_\_\_\_ Date \_\_\_\_\_ (Revised 11/2015)



Louisiana Department of EDUCATION

TITLE X, PART C
MCKINNEY-VENTO CONFIDENTIAL REFERRAL FORM

Louisiana School District \_\_\_\_\_

Date \_\_\_\_\_ Not In School \_\_\_\_\_

Student \_\_\_\_\_ (M/F) Parent/Guardian \_\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Special Ed: Yes \_\_\_\_\_ No \_\_\_\_\_

S.S.# or I.D.# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone Number \_\_\_\_\_

Temporary Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Referring Person \_\_\_\_\_ Position \_\_\_\_\_

Reason for referral: Problems listed below often prevent homeless children and youth from attending school. Please check the areas of concern which apply to the student identified above.

- School of origin: Yes [ ] No [ ]
Student lacks a permanent residence
Student is unable to pay school fees
Immunizations are needed
Birth certificate is needed
Excessive absences are a problem
Lacks academic records and/or documentation
Academic problems indicate a need for tutoring
School supplies are needed
Transportation to school is a problem
Student/family needs assistance accessing community resources
Behavior indicates a need for mental health counseling
School clothes are needed (Sizes: Shirt \_\_\_\_\_ Pants \_\_\_\_\_ Shoes \_\_\_\_\_ Other \_\_\_\_\_)
Free lunch form needed
Health problems are indicated
Need Health Insurance (LA CHIP/Medical Card)
Guardianship is a problem
IDEA (gifted, talented, disabilities) services needed
LEP/ESL services needed
Migrant services needed
Need SNAP benefits (food stamps)

Check all that apply:
[ ] Sheltered (1)
[ ] Doubled-Up (2)
[ ] Unsheltered/FEMA (3)
[ ] Hotel/Motel (4)
[ ] Awaiting Foster Care Placement
Unaccompanied Youth: Yes [ ] No [ ]
[ ] 01 - Mortgage Foreclosure
[ ] 02 - Flooding
[ ] 03 - Hurricane
[ ] 04 - Tropical Storm
[ ] 05 - Tornado
[ ] 06 - Wildfire or Fire
[ ] 07 - Man-made Disaster (Major)
[ ] 99 - Other: i.e., lack of affordable housing, long-term poverty, Unemployment or underemployment, lack of affordable, health care, mental illness, domestic violence, forced eviction, etc.

COMMENTS: \_\_\_\_\_

Other children in home: \_\_\_\_\_

School Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_ Homeless Liaison's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*LIAISON'S SIGNATURE INDICATES STUDENT(S) MEET TITLE X, PART C REQUIREMENTS

[ ] Copy sent to District Homeless Liaison

[ ] Copy Placed in Student's Cumulative Record