



<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason _____ Signature _____ Date _____
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107 Safrit Drive • Beaufort, NC 28516 • (252) 728-4583

School: \_\_\_\_\_

School Contact Person about this student \_\_\_\_\_ Position \_\_\_\_\_

Name of Student: \_\_\_\_\_ Male  Female

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Student SIMS #: \_\_\_\_\_  
month day year

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? *Check one box.*

Section A (This does not automatically qualify someone as homeless.)	Section B
<input type="checkbox"/> in a shelter Since _____ <input type="checkbox"/> forced to live with another family where there is not adequate space for sleeping Since _____ <input type="checkbox"/> in a motel, car, or campsite <input type="checkbox"/> forced to live with friends or family members (other than parent or guardian) Since _____  <b>CONTINUE:</b> <i>If you checked a box in Section A, complete #2 and the remainder of this form.</i>	<input type="checkbox"/> Choices in Section A do not apply  <b>STOP:</b> <i>If you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel.</i>

2. The student lives with:

- |   |   |
|---|---|
| <input type="checkbox"/> one parent                   | <input type="checkbox"/> a relative, friend(s), or other adult(s)               |
| <input type="checkbox"/> two parents                  | <input type="checkbox"/> alone with no adults                                   |
| <input type="checkbox"/> one parent and another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian. |

3. This living arrangement is due to

- Catastrophic loss of housing such as fire, storm damage, or other uninhabitable conditions  
 Other (Please explain) \_\_\_\_\_

This living arrangement is

- temporary until \_\_\_\_\_  
 permanent

Route to the School's Guidance Department

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and sent to the Guidance Department immediately after completion. Keep original forms separate from the Student Permanent Record for audit purposes during the year. Please keep a record of these at the school and forward any new information to Central Services if there is a change of address. If Section A is complete and the school has evidence to believe that this student would be served under the McKinney-Vento Act, a copy of this form must be sent to Jeanne Huntley, Assistant Superintendent of Curriculum and Instruction for final approval.