



107 Safrit Drive • Beaufort, NC 28516 • (252) 728-4583

<p>____ Approved</p> <p>____ Not Approved</p> <p>Reason _____</p> <p>Signature _____ Date _____</p>
---

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.

School: \_\_\_\_\_ School Contact Person about this student \_\_\_\_\_  
(The school will complete this blank)

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Student's NCWise #: \_\_\_\_\_  
month day year

Parent(s)/Legal Guardian(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print Name)

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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 Since _____ <input type="checkbox"/> forced to live with friends or family members (other than parent or guardian) Since _____  <p><b>CONTINUE:</b> <i>If you checked a box in Section A, complete #2 and #3 on this form.</i></p>	<input type="checkbox"/> Choices in Section A do not apply  <p><b>STOP:</b> <i>If you checked this section, you do <b>not</b> need to complete the remainder of this form. Submit to school personnel.</i></p>

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

**➡ If Section A has been complete, this form is to be routed to the School's Guidance Department.**

If the parent has checked Section B above, completion of this form is not required. After the Guidance Dept. has received this document and Section A has been completed and the school has evidence to believe this student would be served under the McKinney-Vento Act, **a copy of this form must be sent to Mat Bottoms, Assistant Superintendent of Curriculum and Instruction for final approval.** Upon approval of this form, a copy will be sent back to the school and to the Child Nutrition Dept. for services to be rendered under the McKinney-Vento Act. This form is to be filed in the school's Guidance Department after approval. Keep this form separate from the Student Permanent Record for audit purposes during the year.