



McKinney-Vento Act

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

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

School: _____ School Contact Person: _____ Enrollment Date: _____
(The school will complete this portion)

Name of Student: _____ Male Female Student's NCWise #: _____
(The school will complete this blank)

Birth Date: _____ / _____ / _____ Age: _____ Grade: _____ Phone: _____
Month Day Year

Student's Physical Address: _____ City: _____ State: _____ Zip: _____

Student's Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent(s)/Legal Guardian(s) Name: _____ Relation: _____
(Please Print Name)

Signature of Parent/Legal Guardian _____ Date: _____

Presently, where is the student living? *Check one of the boxes listed below.*

- Permanent Housing or an Established Place of Residency *(If you checked this box there is no need to complete the rest of the form).*
- In a Shelter or Transitional Housing Provide Name of Shelter/Housing: _____ Since _____
- Lives with another family where there is not adequate space for sleeping. Since _____
- Lives in a Motel, Car, Campsite, etc. Provide Location Where Student Lives: _____ Since _____
- Forced to live with friends or family members (other than parent or guardian) Since _____

The student lives with: (Check one) _____ one parent _____ a relative, friend(s) or other adult(s)
_____ two parents _____ an adult that is not the parent or the legal guardian
_____ one parent and another adult _____ alone with no adults

This living arrangement is due to:
 Catastrophic loss of housing such as fire, storm damage, or other uninhabitable conditions (Explain) _____
 Other (Please explain) _____

This living arrangement is: Temporary until _____ Permanent

Disability/Medical Concerns: _____

Indicate if the student is receiving any of the following support services:
 Exceptional Children English as a Second Language Academically Intellectually Gifted _____

Do you wish the student continue to attend current school or school in new district? _____

School/Administrator will complete this portion of the form.

This form is to be routed to the School's Guidance Department. After the Guidance Dept. has received this document 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, the Child Nutrition Dept., etc. 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's Permanent Record for audit purposes during the year.

School Must Provide Additional Information: _____

_____ Approved _____ Not Approved Reason: _____

Additional Services to be Provided: _____

Signature of McKinney-Vento Administrator: _____ Date _____ CC: _____ School _____
_____ Child Nutr. Dept.
_____ Transportation