

District Registration  
Phone: 315-638-6050  
Fax: 315-638-6406

Baldwinsville Central School District  
29 East Oneida Street  
Baldwinsville, NY 13027

## STUDENT RESIDENCY QUESTIONNAIRE

The answers you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate and continued enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

What is the address at which you are currently living? \_\_\_\_\_

What is the name of school district in which this residence is located? \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female / Non-binary

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### Section A (if you answer YES in this section, please complete the remainder of this form)

Is this residence a Temporary Residence? Yes No

Is your current residence a result of loss of housing or other financial hardship? Yes No

### Section B Where is the student currently living (Please check one box)

- In a shelter
- In a motel/hotel
- In substandard housing
- In a vehicle, park, bus, train or campsite
- Awaiting foster care placement
- In permanent housing
- Family living with another family/person because of loss of housing or result of economical hardship ("double-up")
- In a transitional housing program (unaccompanied youth\*)
- With an adult that is not a parent or legal guardian (unaccompanied youth\*)
- Student living alone without the parent/guardian (unaccompanied youth\*)
- Other, temporary living situation, specify situation: \_\_\_\_\_

Date family or student moved into temporary housing: \_\_\_\_\_

Name of School and District of residence before student moved into temporary housing: \_\_\_\_\_

What was your address prior to moving into temporary housing:

Notes from interview with McKinney-Vento Liaison: \_\_\_\_\_

\_\_\_\_\_ **Print name** Parent/Guardian, or **Student** (unaccompanied youth) \_\_\_\_\_ **Signature** Parent, Guardian, or **Student** (unaccompanied youth)

\* Unaccompanied Youth: If you would like to appoint a "person in parental relationship" to assist you with educational decisions, call in absences, and advocate for you in any other educational matter, please provide name, address and phone number for this person:

\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Date: \_\_\_\_\_