

Hopkins Public Schools Student Residency Questionnaire

NAME OF STUDENT: _____

FIRST

MIDDLE

LAST

NAME OF SCHOOL: _____

GRADE: _____ BIRTH DATE: _____ AGE: _____

SEX: FEMALE / MALE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Veno Act 42 U.S.C. 11435.

1. Is this student's home address a temporary living arrangement? ___ YES ___ NO
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? ___ YES ___ NO
3. Is this student in a temporary foster care placement or awaiting foster care? ___ YES ___ NO
4. As a student, are you living with someone other than your parent or legal guardian? ___ YES ___ NO

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is the student currently living? (Check one)

- In a motel Transitional Housing
- In a shelter Group Home
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park or campsite

ADDRESS OF CURRENT RESIDENCE: _____

-OR-

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: _____

-OR-

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____

NAME OF CONTACT: _____

Print name of parent(s)/legal guardians(s): _____

(Or unaccompanied youth)

Signature of parent/legal guardian: _____ Date: _____

(or unaccompanied youth)

If a homeless situation is indicated, give the parent/guardian/unaccompanied youth a copy of "What you need to know..." brochure. Send the completed form to the M-V Homeless Liaison Scott Stockwell at Hopkins Middle school at ScotStoc@hpsvikings.org