Burlington-Edison School District

927 East Fairhaven Avenue, Burlington, Washington 98233
(360) 757-3311 • www.be.wednet.edu

District Use Only
Address Change: _____
Entered: _____
Trans: from DO: _____
Trans received: _____

Student Residency Questionnaire

Please use one form per student. Return to the Student's School Office or B-E District Office. If you require additional copies, please ask.

NAME OF STUDENT: _____ _____ _____
FIRST MIDDLE LAST

NAME OF SCHOOL: _____ GRADE: _____ BIRTH DATE: _____/_____/_____ AGE: _____
MONTH DAY YEAR

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

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

If you answered YES to *any* of the above questions, please complete the reminder of this form.
If you answered NO to all of the above questions, you may stop here.

Where is the student currently living *(check box)*

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

If you answered YES to *any* of the above questions, please complete the reminder of this form.
If you answered NO to all of the above questions, you may stop here.

ADDRESS OF CURRENT RESIDENCE: _____
(OR)
NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____, **NAME OF CONTACT:** _____

REQUESTING TRANSPORTATION: ☐ Yes, or ☐ No. If yes, Arrival Time: _____ - Departure time: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____, Date: _____
(Or unaccompanied youth)

B-ESD Staff who received/assisted with this form: _____

Please send to Jeff Brown (Fax: 755-9198 Attn: Di Helgeson) at the B-E District Office.

☐ I certify the above named student qualifies for the Child Nutrition Program under the provision of the McKinney-Vento Act.
☐ I certify the above named student qualifies for transportation under the provision of the McKinney-Vento Act.

DATE: _____/_____/_____ _____
MONTH DAY YEAR Jeff Brown – McKinney-Vento Liaison

Transportation Staff Only – Faxed to _____ **o n**_____
Child will be picked up at _____, riding bus # _____
Child will be dropped off at _____, riding bus # _____

Revised 1/2012