

SAU 15 Candia School District Student Residency Questionnaire

Name of School _____

Name of Student: _____ Gender: Male Female

Birth Date ____/____/____ Age: _____ Student Identification Number: _____

This questionnaire is intended to address the McKinney - Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No

2. Is this temporary living arrangement due to loss of housing or economic hardship?
_____ Yes _____ No

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

3. What is your last permanent address? _____
Street Town/City State Zip Code

4. What is the last school attended? _____
School Name Town/City State

5. Where is the student presently living? (Check one box)

- In a shelter
- In a Motel or Hotel
- In a vehicle
- At a campsite
- Temporarily with more than one family in a house, mobile home or apartment
- An emergency or transitional shelter
- Awaiting foster care placement
- In another location that is not appropriate for people (e.g. an abandoned building or hospital)

Name of Parent(s)/LegalGuardian(s) _____

Address _____ Phone _____
Street Town/City State Zip Code

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002 (3)(d)

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to Director of Student Services

Stacey Eaton, Director of Student Services

Henry W Moore School

12 Deerfield Rd, Candia, NH 03034

603- 483-5628 Fax : (603) 483-2536

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

Date

McKinney - Vento Liaison Signature