

**BLACKFOOT SCHOOL DISTRICT
Standard Student Residency Questionnaire**

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

1. Presently, where is the student living? Check one box

Section A	Section B
<input type="checkbox"/> in a shelter, transitional housing, or awaiting foster care <input type="checkbox"/> with more than one family in a house or an apartment <u>due to temporary loss of housing or economic hardship (Please mark this only if you have recently moved in with another family for this school year)</u> <input type="checkbox"/> In a <u>temporary</u> trailer, campground, car, or park <input type="checkbox"/> In a hotel or motel	<input type="checkbox"/> Choices in Section A do not apply <p><i>STOP: If you checked this section, you do <u>not</u> need to complete the remainder of this form. PLEASE SIGN THE FORM BELOW. Submit to school personnel.</i></p> <p align="center"><i>Thank you.</i></p>

CONTINUE ONLY: If you checked a box in Section A, complete question 2, sign the form and give it to school personnel.

2. The student lives with:

- | | |
|--|---|
| <input type="checkbox"/> 1 parent
<input type="checkbox"/> 2 parents
<input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> relative, friend(s) or other adult(s)
<input type="checkbox"/> alone with no adults
<input type="checkbox"/> an adult that is not the parent or the legal guardian |
|--|---|

School _____ Grade _____

Name of Student _____ Male _____ Female _____

Birth Date ____ / ____ / ____ Age _____

Name of Parent(s) Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

In the past three years has your family lived in another school district? This includes other school districts in Idaho or another state or country. _____

Signature of Parent/Guardian _____ Date _____

If the form is marked in Section A, this form must be immediately copied and given to the school counselor and/or the principal for a determination. All original forms should be kept on file in the school's office for one year.

School Use Only –Administrator's (or school counselor's) determination of Section A circumstances:

Signature: _____ Date: _____