



EHS/HS  
Student Residency Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**The answers to the following questions can help determine the services this child may be eligible to receive under the McKinney-Vento Act:**

1. Is this child'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 child living in a car, park, abandoned building, bus or train station?

Yes  No

4. Is this child living with someone other than his/her parent or guardian?

Yes  No

Where is this child currently living? (Check applicable box)

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.

Other \_\_\_\_\_

Head Start has my consent to contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to parent \_\_\_\_\_ to verify my residency.

ADLC HS/EHS does not have my consent to contact a 3<sup>rd</sup> party to verify my residency.

\_\_\_\_\_  
Print Name of Parent/Guardian                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
Staff Signature                      Print Name                      Date