STUDENT RESIDENCY QUESTIONNAIRE
HOLLY AREA SCHOOLS

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

Student's Name _____Gender ___Male ___Female

Date of Birth: _____School _____

Parent/Legal Guardian _____Phone or Pager _____

Address _____
Street Apt. # City,State & Zip

1. Where is the student living now? Please select one:

___ shelter ___ motel or hotel ___ with more than one family in a house or apartment
___ car ___ campsite ___ with friend or family members

___ None of the above

If you checked "none of the above" you do not have to complete the remainder of this form. Please sign below.

2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship? ___ Yes ___ No ___ Unsure

3. The student lives with ___ one parent ___ two parents

___ one parent & another adult ___ a relative, friend, or other adult

___ alone with no adults ___ an adult who is not the parent or guardian

Parent or legal guardian signature _____Date_____

FOR SCHOOL USE ONLY
_____ Student not covered by McKinney-Vento Act
_____ Student covered by McKinney-Vento Act
_____ Follow-up Required

REFERRED TO:
_____
_____