

# Clifton Board of Education Residency Information Sheet

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Current Address: \_\_\_\_\_

Is the student's legal parent/guardian name(s) on the deed, mortgage, or lease?  Yes  No

Move in Date? \_\_\_\_\_ How long do you plan to live at this residence? \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long did you reside at the previous address? \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Siblings of student's name (s): School & Grade (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

*Please answer ALL of the following questions:*

- Is this student's home address a temporary living arrangement?  Yes  No
- Is this a temporary living arrangement due to loss of housing or economic hardship?  Yes  No
- Is this student in temporary or emergency foster care placement?  Yes  No
- Is the student not living with a parent or legal guardian?  Yes  No

## 1. Where is this student currently living? (check box)

- With more than one family in a house or apartment.
- Temporary/emergency foster home.
- In a motel/hotel – Name of motel/hotel: \_\_\_\_\_
- In a shelter- Name of Shelter: \_\_\_\_\_
- Transitional Housing – Name of transitional housing: \_\_\_\_\_
- Group Home – Name of group home: \_\_\_\_\_
- Moving from place to place or a location not designed for sleeping accommodations (ex. Car, park, or campsite)

Please check off all types of transportation accessible to the family.  Car  Bus  Train  Other

## 2. With whom does the student currently live: (check box and/or circle where necessary)

- Both parents  One parent – Mother/Father  Which Parent(s) has legal custody?

Mother/Father

- A relative – Specify which (e.g. grandmother)
- Friends or other adults – please identify
- An adult who is not a parent or legal guardian – please identify

3. Describe the current living situation in detail (Ex. What circumstances lead you to this current residency?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Any possibility of violence or abuse in home?  Yes  No

If so, describe and include the school's actions and any other agencies involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. In your child's previous school, did he/she receive any of the following? (check all that apply)

- My child did not receive any of the following services.
- Special Education (I.E.P.)/Exceptional Children's Services – Describe:
- 504 Accommodation Plan – Describe:
- English as a Second Language (ESL) services  Help for Behavior Improvement  Tutoring Services
- Academically or Intellectually Gifted services  Counseling services  Other

6. At this time, what is the greatest need for your child? (check all that apply)

- School supplies
- School uniform or clothing: \_\_\_\_\_
- Size(s)  Help for academic improvement  Help for behavior improvement
- Other – Ex: Chrome Book (portable computer): \_\_\_\_\_
- Referral for food assistance
- Medical referral/immunizations
- Mental health/counseling referral

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district and (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other district staff members for a legitimate educational purpose. (4) My signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow the district staff to conduct screenings as a part of the district's McKinney-Vento program. (5) I also understand that I must notify the district school district of any changes as soon as they occur.

Parent/Guardian Signature: \_\_\_\_\_  
(Or Unaccompanied Youth)

Date: \_\_\_\_\_

**Below to be completed by the district's McKinney-Vento Liaison**

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STUDENT \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ IEP  YES  NO

STUDENT IS PRESENTLY:  DOUBLED UP  IN A MOTEL/HOTEL  IN A SHELTER  KNOWN TO DCP&P

PRESENT LOCATION: \_\_\_\_\_ AS OF: \_\_\_\_\_

LAST PERMANENT PLACE OF RESIDENCY: \_\_\_\_\_ AS OF: \_\_\_\_\_

DISTRICT OF RESPONSIBILITY (D.O.R.): \_\_\_\_\_

STATEMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Distributed McKinney-Vento Rights and additional information to parent/guardian

**ELIGIBLE UNDER MC KINNEY-VENTO ( ) YES ( ) NO**

NOTIFICATION SENT TO:  SCHOOL  BA  DIR. OF SS.  SCHOOL LUNCH COORD.  D.O.R. DATE

McKinney Vento District Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_