



Office of Student Enrollment
Home Schooling Housing Questionnaire

Dear Parent/Guardian:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and must be completed for each student. **The information you provide is confidential.** Your child will not be discriminated against based upon the information provided.

Last Name	First Name	Middle Name

Date of Birth (MM/DD/YY)	OSIS Number

Please identify the student's current living arrangements. Please check one box:

Check (√)	Housing Questionnaire Choice
<input type="checkbox"/>	Permanent Housing - Student who is living in a fixed, regular, and adequate housing situation
<input type="checkbox"/>	Doubled Up - With another family or other person because of loss of housing or as a result of economic hardship
<input type="checkbox"/>	Shelter - Emergency or transitional shelter
<input type="checkbox"/>	Hotel/Motel - Living in what is NOT an emergency or transitional shelter and involves payment
<input type="checkbox"/>	Other Temporary Living Situation - Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space

Parent/Guardian Name: (print) _____

Date: _____