

Omak School District

P.O. Box 833, Omak, Washington 98841
509.826.0320

Student Residency Questionnaire

Please use one form per student. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

NAME OF STUDENT: _____
(FIRST) (MIDDLE) (LAST)

NAME OF SCHOOL: North Elementary East Elementary Omak Middle School Omak High School

GRADE: _____ BIRTH DATE: _____ AGE: _____

GENDER: Female Male

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

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|--|-----|----|
| 1. Is this student'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 student in a temporary foster care placement or awaiting foster care? | Yes | No |
| 4. As a student, are you living with someone other than your parent or legal guardian? | Yes | No |

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (*check one*)

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 _____

In a location not designed for sleeping accommodations such as a car, park or campsite _____

ADDRESS OF CURRENT RESIDENCE:

(OR)

NAME OF MOTEL /SHELTER OF CURRENT RESIDENCE:

(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE:

PHONE NUMBER OR CONTACT NUMBER:

NAME OF CONTACT:

Print name of parent(s)/legal guardians(s): _____

(Or unaccompanied youth)

Signature of parent/legal guardian: _____

(Or unaccompanied youth)

Date: _____

For School Staff Only: Forward questionnaire to District Office, Attn: Racie McKee or fax to 509.826.7689 and maintain copy in student file.