

# Hoosic Valley Central School

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

Student Name: \_\_\_\_\_  
*Last First Middle*

Sex:  Male  Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*(optional)*

1. Is your current address a temporary living arrangement?  Yes  No
2. Is this temporary arrangement due to loss of house or economic hardship?  Yes  No

If you answered YES to the above questions, please complete the remainder of this form. If you answered No, you may stop here.

Where is the student presently living? (Check one)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from Place to Place
- In a place not designated for ordinary sleeping accommodations such as a car, park or campsite

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

*Presenting a false record or falsifying records is an offense under section 37.10 penal code. Enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

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

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*McKinney-Vento Liaison Signature*