**Student Questionnaire**

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| **Student Name:** | **Today’s Date:** |
| **Student Date of Birth:** | **Current Grade:** |
| **Attending School:** | |

**Your child may be eligible for additional educational services through the Title X, Part C, McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.**

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| **Where are you and your family currently living? Please check one (1) of the boxes below.**  **Section A**  **Rent/own my own house or apartment**  **Residency with family or friend (personal choice)**  ***STOP: If you checked either box in Section A, skip to bottom of the page, sign the form, and then submit to school personnel. If you did not check either box in Section A, please continue to Section B (below).*** |
| **Section B**  **In an emergency or transitional shelter**  **In a vehicle, park, campground, or on the streets**  **In a house, building, or trailer WITHOUT running water and/or electricity**  **Temporarily with another family/friend due to natural disaster, loss of housing, economic hardship, etc. until we can find affordable housing**  **In a hotel or motel**  **With an adult that is not a parent or legal guardian (Students: 18+ years old)**  **With an adult that is not a parent or legal guardian (Students: 18 years and younger)**  **Alone or in different locations, without an adult (18+ years old) serving as a caregiver**  **Wherever I can find a place to stay at night**  **Other (Please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**If you check a box in Section B please list any *additional* children currently living with you who attend Broken Arrow Public Schools.**

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| **First and Last Name of Student** | **Male or Female** | **Date of Birth** | **Grade** | **School Name** |
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Would you like to be contact by the district McKinney-Vento liaison to discuss additional services that may be available to your child(ren)? YES NO

***.***

(Print) Parent/Guardian or Adult Caring for the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street Address City State Zip

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_ ***Please attach a copy of driver’s license and proof of residency for person they are living with.***