

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all of your children birth through age 21.

Name of Child	School	Age	Grade	Date of Birth
Parent/Guardian				
Address				-
City				
Zip Code	Phone Number:			
Is this address Temporary or Perr	nanent? (circle one)			
Please choose which of the follow more than one):  House or apartment with p  Motel, car, or campsite  Shelter or other temporary With friends or family mem	arent or guardian			
If you are living in shared housing Loss of housing Economic situation Temporarily waiting for hou Provide care for a family m Living with boyfriend/girlfrid Loss of employment Parent/Guardian is deployed Other (Please explain) Are you a student under the age of	use or apartment nember end ed			
Yes No				