

Mercer Island School District Student Housing Questionnaire

For distribution to all families/students annually

School Name: _____

Student Name: _____ Male Female
First, Middle, Last

Birthdate: _____ Age: _____ Grade: _____
Month, Day, Year

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.

1. Is your current residence a temporary living arrangement? Yes No
2. Is your living arrangement due to loss of housing or economic hardship? Yes No
3. Is your current residence inadequate for meeting physical and psychological needs? Yes No

**If you answered YES to any of the questions, please complete the remainder of this form.
If you answered NO to all of the questions, you may stop here.**

Where does the student stay at night? *(Please check one box.)*

- In a motel/hotel
- In a shelter
- With more than one family in a house, mobile home, or apartment (doubled-up)
- In a car, park, campsite, or location not usually used for sleeping accommodations (unsheltered)

Address: _____ Phone: _____
Street, City, Zip

Parent/Legal Guardian Name: _____

I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct:

Parent/Guardian Signature: _____

Date: _____

OR

Unaccompanied Youth Signature: _____

Date: _____

For School Personnel Use Only

If student is missing enrollment records, please contact the student's previous school for records.

The following records are still missing:

- Birth certificate Immunizations Medical records Prior academic records

School Registrar Signature: _____ Date: _____

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act.

McKinney-Vento Liaison Signature: _____ Date: _____