



CHATTOOGA COUNTY SCHOOLS
Residency Questionnaire

Name of School: _____ Grade: _____

Name of Student: _____ Gender: M or F

Date of Birth: ____/____/____ Age: _____ Social Security #: _____
Month/Day/Year (or FTE #)

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.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is your living arrangement due to loss of housing or economic hardship? _____ Yes _____ No
3. Have you been evicted in the last 12 months _____ 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 box)

- 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 designed for ordinary sleeping accommodations such as a car, park, or campsite
- Unaccompanied Youth
- Other living situation (please explain)

Name of Parent(s)/Legal Guardian: _____

Address: _____ Zip Code _____

Telephone # _____ Alternate Telephone # _____

Other children (newborn – age 17) who are also living with this student:

Name	Date of Birth	Name of School/Preschool/Daycare

Presenting a false record or falsifying records is an offense under OCGA 16-10-20.

Signature of Parent/Legal Guardian: _____ Date: _____

Office Use Only

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 _____

Parent/Guardian received a copy of rights of McKinney-Vento Act