

Student Residency Form

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student stay at night?

_____ in a shelter

_____ in another location that is not appropriate for people
(e.g., an abandoned building)

_____ in a motel/hotel

_____ temporarily with more than one family in a house,
mobile home, or apartment (because the family does not have
a place of its own)

_____ in a car

_____ other (in an arrangement that is not fixed, regular, and
adequate and is not described by the other choices)

_____ at a campsite

Name of school: _____

Name of student: _____ Student's date of birth: _____

I, (name) _____
declare as follows:

I am the parent/legal guardian of (name of student) _____

who is of school age and is seeking enrollment in (name of school district) _____

Since (date) _____, our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: _____

Signature: _____ Date: _____

Address: _____

Phone number: _____ E-mail address: _____

I can be reached for emergencies at: _____

Adapted from materials from the California Department of Education and the San Antonio Independent School District. As with any legal document, the local educational agency's legal counsel should be consulted.

PALMYRA PUBLIC SCHOOLS
301 Delaware Avenue, Palmyra, New Jersey 08065

District Liaison:

Jeanne Barber, Palmyra Board of Education, Palmyra, NJ 08065 (856) 786-9300

Family in Transition Identification Form

Child's Legal Name: _____

Birth Date: ____/____/____ Male ___ Female ___ Race ___

Parent/Guardian: _____

Current (temporary) Address: _____

Phone: _____ Work #: _____

Relation to child: () Parent () Guardian () Friend () Relative

Last (*permanent) Address: _____

*Did you Own or Rent? I had a lease agreement _____
I owned the property _____

Previous School History:

District Name: _____

School Name: _____

Office Use:

SID#: _____

School: _____

Grade: _____

Special Ed: Yes ___ No ___

District of Residency:

Liaison: _____

Start Date: ____/____/____

Exit Date: ____/____/____

Parent Consultation:

I, the parent/guardian understand that the district of residence will make the decision for placement based upon the best interests of the child after consulting with me. If I disagree with that decision, I know that I may appeal to the County Superintendent of Schools. It is my wish that my child:

() Return to his/her previous school

() Attend the school where we are now living

() Other _____

() Transportation needed Yes _____ No _____

I am the legally approved parent/guardian and I am authorized to sign this document.

Signature

Date

PALMYRA SCHOOL DISTRICT
DETERMINATION OF HOMELESS STATUS

Name of Student: _____ Age _____

Address: _____

Last School Attended: _____

Name(s), age and school attended by sibling(s): No siblings, check here:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Name: _____

Phone: Home: _____ Office: _____

Cell: _____ E-mail: _____

What are your current living accommodations? _____

Are these accommodations temporary? _____

Are these accommodations necessary as there are no other financial options for regular housing? Yes _____ No _____

Are you receiving social service assistance to support your residency? Yes _____ No _____

If the family answered "yes" to the two previous questions, is the family homeless? Yes _____ No _____

What was your last address when the child(ren) attended school?

_____ Address _____ City/State _____

What were the living accommodations at that time? _____

Was the family considered homeless at that time? Yes _____ No _____

Are you waiting for a house to be built? Yes _____ No _____ Where is it and when will it be ready?

_____ New House Address _____ When _____

Prior addresses (other than stated above) the family lived where the child(ren) attended school. *If the family was considered homeless in any of these places, please place a check next to that address.*

Address _____ City/State _____ Homeless

Address _____ City/State _____ Homeless

Address _____ City/State _____ Homeless

Would you prefer your child(ren) to attend school in Palmyra or the last district of residence? _____

Are there plans for a change of accommodations? _____

I certify that the above information is true and to the best of my knowledge.

Signature of Parent/Guardian

Sworn to and subscribed before me on this _____ day of _____, 20_____.
_____, my commission expires _____.

(Notary Seal above)