

Albert Gallatin Area School District
STUDENT RESIDENCY QUESTIONNAIRE

Dear Parent or Guardian,



Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) Thank you for your cooperation.

1. **Student name:** _____ **Birth Date:** _____

Person completing form: _____ Relationship to child: _____

2. **In what type of setting is the student living now?**

Check one box below –

SECTION A	SECTION B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings</p> <p>CONTINUE to Question 3  if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <p style="text-align: center;"></p> <p>If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.</p>

3. Contact number for person completing the form: _____

Address where student is now living: _____

4. The student lives with:

Check all that apply

Parent(s) or legal guardian

Relative, friend(s), or other adult(s)

Alone

Other: _____

5. If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of Employment
- Parent/Guardian is deployed
- Other: _____

6. School student attended last : _____

Address of school: _____

Telephone number of school: _____

Contact person at school (if known): _____

7. Does the student have an IEP or a Chapter 15/504 agreement?

- NO
- YES. Please explain: _____

8. Are you a student under the age of 18 and living apart from your parent/guardian?

- NO
- YES

Are there any Non-School Age children at home? _____

Signature of Parent/Legal Guardian:

Date: _____

Housing and Educational Rights

1. Expedited enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situation;
2. Transportation to the school of origin for the regular school day'
3. Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Guidance Counselor Use: Academics: _____ Special Education: _____

Transportation: _____ Free Lunch: _____ Title I: _____

Date Completed: _____ Counselor's Signature: _____