


Staff name submitting form: \_\_\_\_\_


Phone #: \_\_\_\_\_


**Wichita Public Schools**  
**ENROLLMENT RESIDENCY QUESTIONNAIRE**

**2018-2019**

This form is intended to address the McKinney-Vento Act 42 U.S.C 11436, and must be completed for each Family. The information is confidential. Please complete the following questions regarding student's housing in order to help determine if the student qualifies for services under the McKinney-Vento Act.

Are you renting, contributing to the rent or own your own home? If so 

Are you in a Foster home or in JJA Custody? If so 

If one of the above is marked,  **Do Not** complete the remainder of this form.)

Parent/Guardian: \_\_\_\_\_ Unaccompanied Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Temporary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Language Spoken in the Home: English: \_\_\_\_\_ Spanish \_\_\_\_\_ Vietnamese \_\_\_\_\_ Other \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Family: \_\_\_\_\_ Friend: \_\_\_\_\_

1. Is your current address a temporary living arrangement? Yes \_\_\_ No \_\_\_ (see examples below)
2. Have you recently lost your housing due to economic hardship or eviction? Yes \_\_\_ No \_\_\_
3. Do you or your children lack a regular, fixed or inadequate nighttime residence? Yes \_\_\_ No \_\_\_
4. How long have you lived in a temporary situation at your current address? \_\_\_\_\_

If you answered **YES** to the above questions please fill out the remainder of the form.

Living Arrangement: (Must select One)

<input type="checkbox"/>	Living with another person or family temporarily due to loss of housing or economic hardship
<input type="checkbox"/>	Living in a motel or campground temporarily due to lack of an alternative housing
<input type="checkbox"/>	Living in a shelter, or transitional housing
<input type="checkbox"/>	Living in a parked car, abandoned building, or other inadequate housing
<input type="checkbox"/>	Student not in the physical custody of a parent or living on their own without parent or guardian support

Please list your children 0-18 years of age living with you in the same residence:

Student Name (First Name, Last Name)	School	Grade	M/F	Date of Birth	ID#

**I declare under penalty of perjury/fraud under the laws of the United States and the State of Kansas that the foregoing information is true and correct. I accept responsibility for repayment of all funds if found fraudulent.**

Signature of Parent, Guardian, or Student: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please admit student immediately while documentation is being obtained\*\*\***

Instructions for office staff – Please make sure all information is completed on the form and fax or email to the McKinney-Vento Office. Keep a copy of the completed form. Fax to 973-4699 or email the **Liaison** at [cmartinez@usd259.net](mailto:cmartinez@usd259.net) (Please have the parent fill out the waiver of confidentiality form and the child nutrition benefit form.)