

Staff name submitting form:

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

Wichita Public Schools  
ENROLLMENT RESIDENCY QUESTIONNAIRE  
2022-2023

MV Office Only

Date: \_\_\_\_\_

Qualified: \_\_\_\_\_

Unconfirmed: \_\_\_\_\_

Do Not Qualify: \_\_\_\_\_

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, **STOP** do not complete form.
- Are you in a Foster home or in JJA Custody? If so, **STOP** do not complete form.

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

Parent/Guardian/Unaccompanied Youth: \_\_\_\_\_

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. How long have you lived in a temporary situation at your current address? \_\_\_\_\_ month \_\_\_\_\_ years

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

Living Arrangement: (Must select One)

_____	Living with another person or family <b>temporarily</b> due to eviction, loss of housing or economic hardship
_____	Living in a motel or campground <b>temporarily</b> due to eviction, loss of housing or economic hardship
_____	Living in a shelter, or transitional housing due to eviction, loss of housing or economic hardship
_____	Living in a parked car, abandoned building, or other inadequate housing
_____	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: May use back of form.

Student Name (First Name, Last Name)	Current School (please list previous school and school district if not currently enrolled in USD 259.	Grade	M/F	Date of Birth	School 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: \_\_\_\_\_

