

# 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 students 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.

**Part A:** Does the student live in a home that belongs to a parent/guardian (rented or owned) ?

\_\_\_\_\_ YES \_\_\_\_\_ NO **(If yes, go to Part B.)**

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 adequate and is not described by the other choices)

\_\_\_\_\_ at a campsite

Name of School: Aitkin High School

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) ISD #1

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

## Part B:

Name of Student : \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_