**Washougal School District**

**4855 Evergreen Way**

**Washougal, WA 98671**

**Student Housing Questionnaire**

Please use one form per student. Return to school registration office. Also, please fill out this form if you have a pre-school aged student. If you require additional copies, please contact your school.

Name of Student:

 First Middle Last

Name of School:       Grade:       Birthdate:       Age:

 Month/Day/Year

Sex: [ ]  Male [ ]  Female

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student’s home address a temporary living arrangement? [ ]  Yes [ ]  No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? [ ]  Yes [ ]  No
3. Is this student in a temporary foster care placement or awaiting foster care? [ ]  Yes [ ]  No
4. As a student, are you living with someone other than your parent or legal guardian? [ ]  Yes [ ]  No

If you answered YES to **any** of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

[ ]  In a motel [ ]  Transitional Housing

[ ]  In a shelter [ ]  Group Home

[ ]  With more than one family in a house or apartment

[ ]  Moving from place to place

[ ]  In a location not designed for sleeping accommodations such as a car, park or campsite

ADDRESS OF CURRENT RESIDENCE:

 (OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE:

 (OR)

NAME OF “GENERAL AREA” OF CURRENT RESIDENCE:

PHONE NUMBER OR CONTACT NUMBER:       NAME OF CONTACT:

Print name of parent(s)/legal guardian(s):

(Or unaccompanied youth)

Signature of parent/legal guardian:       Date:

(Or unaccompanied youth)

For School Staff Only: If student may qualify for McKinney-Vento services, forward to building liaison, then district liaison.

Revised 3/9/16