

Coffee County Schools Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Student _____ Grade _____ Age _____ Birth Date _____

Previous School Enrolled _____ Present School Area _____

Former Address _____

Present Address/Location _____

1. Is your current address a temporary living arrangement? _____ Yes _____ No

2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

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

If you answered NO, you may stop here.

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Phone or Contact # _____ Parent/Guardian _____

Place of Employment if Applicable _____ Phone _____

Where is the student presently living? (Check One)

_____ In a motel _____ With more than one family in a house or apartment

_____ In a shelter _____ Moving from place to place

_____ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

Do you have pre-school children that are not in school? _____ Yes _____ No

If yes, please give their names and ages.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs.

TEC Sec. 25.002 (3)(d)

Parent Signature: _____ Date: _____

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School Staff: If services are needed please complete the educational services/needs form and make referrals to the appropriate departments. Please send a copy of both documents to the Central Office.

Student _____ Grade _____ School _____

Educational Services/Needs

Educational/School Related Services	Need (Yes/No)	Means of Addressing Need	Person Responsible
1. Determination of School			
2. Tutoring/Remedial Programs			
3. Title1/Special Education			
4. Counseling			
5. Transportation			
6. Free Lunch/Breakfast			
7. School Supplies			
8. Pre-School Program			
9. Parent Training			
10. Referral to Other Community Agencies			
11. Assistance with Medical/Immunizations			
12. Food and Clothing			
16. Other Enrollment Issues			

Date Referred _____ Date Reviewed _____

Date Found to Have Permanent Residence _____