

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: Vestal Central School District

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: _____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

Note TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

Vestal Central Schools
Registration form

PLEASE PRINT

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FOR OFFICE USE ONLY
Student #: _____ Grade: _____ Building: _____ Homeroom: _____ Counselor: _____ School Year: _____
Entry Date: _____ Date School Tool Updated/Paperwork Emailed: _____ New Student / Address Update / Transportation Request

Student Name: _____ Sex: _____ DOB: _____ <small>(First) (Middle) (Last) (Jr/III/IV) (M/F) (MM/DD/YYYY)</small>
Name of Last School Attended: _____ Date left: _____ Last Grade Completed: _____
Address of Last School: _____ Phone Number of Last School: _____

Has the student ever received any special education services, have an IEP or 504? YES NO
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Will you be requesting transportation for your student? YES NO <small>District transportation is not provided for UPK students or students within walking zones.</small>

Does your family work in the agricultural or related industries and moved across districts and state lines several times within a 12-36 month period of time, following the various crops by season? YES NO

Is the student Hispanic/Latino: Yes No Select one or more: American Indian or Alaska Native Black or African American Asian Native Hawaiian/Other Pacific Islander White	Student's Primary Language? _____ Student's Secondary Language (if applicable)? _____
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Student Residential Address: Street: _____ Apt/Unit/Lot/Etc: _____ City: _____ State: _____ Zip: _____ Home Phone Number: _____	Student Mailing Address (only if different than residential address): Street: _____ Apt/Unit/Lot/Etc: _____ City: _____ State: _____ Zip: _____
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PARENT or GUARDIAN	Name: _____ <small>(Mr/Mrs/Ms/Dr/Etc) (First) (Middle) (Last) (Jr/Sr/III/IV)</small> Street: _____ Apt/Unit/Lot/Etc: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Work Phone 2: _____ Email Address: _____ Name & Address of Employer: _____	Relationship to Student? _____ Living with Student? YES NO Receive Mailings? YES NO Allowed to Pick Up Student? YES NO
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PARENT or GUARDIAN	Name: _____ <small>(Mr/Mrs/Ms/Dr/Etc) (First) (Middle) (Last) (Jr/Sr/III/IV)</small> Street: _____ Apt/Unit/Lot/Etc: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Work Phone 2: _____ Email Address: _____ Name & Address of Employer: _____	Relationship to Student? _____ Living with Student? YES NO Receive Mailings? YES NO Allowed to Pick Up Student? YES NO
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(Please turn over and complete the back of this form)

If there are any custody restrictions which we should be made aware of, please specify below:
 Please note if there are any formal custody orders, we will need you to provide a copy at the time of registration.

PLEASE NOTE THE BELOW SECTIONS ARE FOR CONTACTS OTHER THAN THE PARENTS/GUARDIANS

ADDITIONAL CONTACT	Name: _____ (Mr/Mrs/Ms/Dr/Etc) (First) (Middle) (Last) (Jr/Sr/III/IV)	Relationship to Student? _____
	Street: _____ Apt/Unit/Lot/Etc: _____	Living with Student? YES NO
	City: _____ State: _____ Zip: _____	Allowed to Pick Up Student? YES NO
	Home Phone: _____ Cell Phone: _____	
	Work Phone: _____ Work Phone 2: _____	
	Email Address: _____	

ADDITIONAL CONTACT	Name: _____ (Mr/Mrs/Ms/Dr/Etc) (First) (Middle) (Last) (Jr/Sr/III/IV)	Relationship to Student? _____
	Street: _____ Apt/Unit/Lot/Etc: _____	Living with Student? YES NO
	City: _____ State: _____ Zip: _____	Allowed to Pick Up Student? YES NO
	Home Phone: _____ Cell Phone: _____	
	Work Phone: _____ Work Phone 2: _____	
	Email Address: _____	

Other Children in Family:

Name: _____ Building: _____ Sex: _____ DOB: _____ At Residence: _____
 (First) (Middle) (Last) (Jr/III/IV) (M/F) (MM/DD/YYYY) (Yes/No)

Name: _____ Building: _____ Sex: _____ DOB: _____ At Residence: _____
 (First) (Middle) (Last) (Jr/III/IV) (M/F) (MM/DD/YYYY) (Yes/No)

Name: _____ Building: _____ Sex: _____ DOB: _____ At Residence: _____
 (First) (Middle) (Last) (Jr/III/IV) (M/F) (MM/DD/YYYY) (Yes/No)

Name: _____ Building: _____ Sex: _____ DOB: _____ At Residence: _____
 (First) (Middle) (Last) (Jr/III/IV) (M/F) (MM/DD/YYYY) (Yes/No)

Name: _____ Building: _____ Sex: _____ DOB: _____ At Residence: _____
 (First) (Middle) (Last) (Jr/III/IV) (M/F) (MM/DD/YYYY) (Yes/No)

Emergency Information:

Physician: _____ Phone: _____ Hospital Choice: _____

Allergy or other Medical Alerts:

Signature of Parent/Guardian: _____ **Date:** _____