



# Adams County Schools

## Residency Questionnaire



Your child may be eligible for additional educations and/or support services through Title I Part A, Title I part C- Migrant, and or Title X, Part C, Federal McKinney-Vento Assistance Act. Please complete this form so that we can determine your child’s eligibility for any of these educational service.

### 1. Where are you and your family currently living?

**Section A**

- Rent/Own my own home or apartment.

**STOP: If you rent/own your own home/apartment, skip to question 3 and 4 and return to school personnel.**

**Section B**

Please indicate any of the following circumstances that your child/student may be facing related to housing:

- Currently does not have fixed, regular, adequate nighttime residence
- Temporarily living with another family or friends because:
  - Cannot find affordable housing
  - Recent loss of housing/eviction
  - Economic hardships
  - Other similar reasons: \_\_\_\_\_
- Temporarily living in hotel or motel
- Currently staying at an emergency shelter
- Currently living in substandard housing (does not meet health and safety codes)
- Currently living in a vehicle, trailer park, or campground without running water or electricity
- Currently living in public or private place not designed for or ordinarily used as regular sleeping accommodations
- Displaced due to natural disaster (flood, hurricane, tornado, fire, etc.)
- Other: \_\_\_\_\_
- Since Date: \_\_\_\_\_, I/we have not had permanent housing.

**Section C**

If student is seeking enrollment without an accompanying adult (not in the physical custody of a parent or guardian), Please check one of the following:

- Student is with an adult that is not a parent or legal guardian
- Student is alone without an adult

**CONTINUE: If you checked a box in section B, Please complete the remainder of this form.**

### 2. Have you moved in the past three years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing?

- Yes
- No

3. Please complete the information below for each of your children enrolled/enrolling in an Adams County School.

Student's Name		S.S #	M/F	D.O.B	Grade	School Name
First	Last					
						<input type="checkbox"/> North Adams <input type="checkbox"/> Adams Central <input type="checkbox"/> South Adams
						<input type="checkbox"/> North Adams <input type="checkbox"/> Adams Central <input type="checkbox"/> South Adams
						<input type="checkbox"/> North Adams <input type="checkbox"/> Adams Central <input type="checkbox"/> South Adams
						<input type="checkbox"/> North Adams <input type="checkbox"/> Adams Central <input type="checkbox"/> South Adams
						<input type="checkbox"/> North Adams <input type="checkbox"/> Adams Central <input type="checkbox"/> South Adams

4. The undersigned certifies that the information provided above is accurate.

\_\_\_\_\_  
 Printed Name of Parent/Guardian/Adult Caring for student

\_\_\_\_\_  
 Last 4 digits of S.S. #

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Current Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

**Please notify your school if your living situations change.**

**North Adams Contacts:** *Christina McKay (260-724-3137) Taylor Oliver (260-724-3137) Tiffany Hiene (260-724-7146)*

**Adams Central Contact:** *Megan Workinger (260-692-1112)*

**South Adams Contact:** *Sheila Graber (260-589-1102)*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ M-V. Liaison Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_