

**VAN BUREN SCHOOL DISTRICT  
HOMELESS**

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Is my child (or am I) covered by the McKinney-Vento Act? (Do we meet the definition of "homeless"?)

**Section A**

**Section B**

- The student:
- Does not have a fixed, regular and adequate place to sleep.
  - Shares housing because you lost your housing, can't afford a home, or a similar reason.
  - Lives in a motel, hotel, or campground because you don't have another place to stay.
  - Lives in a car, park, public place, abandoned building or housing.

**CONTINUE: If you checked any in this section, please complete #2 and the remainder of this form.**

No choice in Section A applies to me.

**STOP: If you checked this section, you do NOT need to complete the remainder of this form. Submit to school personnel.**

2. The student lives with:

- 1 parent  a relative, friend(s) or other adult(s)
- 2 parents  alone with no adults
- 1 parent & another adult  an adult that is not the parent or legal guardian

SCHOOL: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ MALE  FEMALE

BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE \_\_\_\_\_ Social Security # \_\_\_\_\_  
Month / Day / Year

Name of Parent(s) / Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

FORWARD TO TERESA MUCK  
Attn.: Steve Davis  
FEDERAL HOMELESS LIASON  
ADMINISTRATION BUILDING  
PH: 479-474-7404

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and forwarded to Steve Davis, C/O Teresa Muck immediately after completion. All campuses must keep original forms separately from the Student Permanent Record for audit purposes during the year.

Name phone number of a School Contact Person who may know of the family's situation:

\_\_\_\_\_ PH# \_\_\_\_\_ Date faxed/sent \_\_\_\_\_