



FREWSBURG CENTRAL SCHOOL  
26 INSTITUTE STREET  
FREWSBURG, NEW YORK  
Phone: (716) 569-7060

### STUDENT RESIDENCY QUESTIONNAIRE

Name of School \_\_\_\_\_

Name of Student \_\_\_\_\_  
Last Name First Name Middle Initial

Birth Date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

**The 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.**

- 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.**

Where is the student presently living? (Check one box)

- In a motel
- In a shelter
- With more than one family in a house
- Moving from place to place
- In a place not designed for ordinary sleeping such as car, park or campsite

Name of parent(s)/legal guardian(s) \_\_\_\_\_

Address \_\_\_\_\_  
Street (include P.O. Box), City, State, Zip Phone

**Presenting a false record or falsifying records is an offense under Section 27.10, 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).**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian