

JACKSON COUNTY *School District*

"Raising the Standard"

Displaced Student Residency Form

Editable

This form is intended to address the requirements of the McKinney-Vento Act (Title IX, Part A of the Every Student Succeeds Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student sleep at night? (Click in box to check; use tab key to move between lines for typing answers)

in a shelter

in a motel/hotel

in a foster home

in a car

at a campsite

in another location that is not
appropriate for people

temporarily with more than one
family in a home (Due to loss or
hardship)

Name of School: _____ Grade: _____

Name of Student: _____ Date of Birth: _____
mm/dd/yyyy

I, (name) _____, declare as follows:

I am the parent/legal guardian of (name of student) _____ who is
of school age and is seeking enrollment in (name of school district) _____.

Since (date) _____, our family has not had a permanent residence.
mm/dd/yyyy

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so:

Name of person completing this form: _____

Signature: _____ Date: _____
mm/dd/yyyy

Address: _____

Phone number: _____ E-mail address: _____

xxx-xxx-xxxx

I can be reached for emergencies at :