Medical Lake School District

116 W Third Street, PO Box 128
Medical Lake, WA 99022

Phone: (509) 565-3100
FAX (509) 565-3102 www.mlsd.org

Student Housing Questionnaire

For distribution to all families/students annually

School Name_____

Student Name_____ ☐ Male ☐ Female
First Middle Last

Birth Date ____ /____ /____ Age_____
Mo Day Year

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.

1. Is your current residence a temporary living arrangement? ☐ Yes ☐ No
2. Is your living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
3. Is your current residence inadequate for meeting physical and psychological needs? ☐ Yes ☐ No

If you answered YES to <u>any</u> of the questions, please complete the remainder of this form.
If you answered NO to <u>all</u> of the questions, you may stop here.

Where does the student stay at night? (*Please check one box.*)

☐ In a motel/hotel

☐ In a shelter

☐ With more than one family in a house, mobile home, or apartment (doubled-up)

☐ In a car, park, campsite, or location not usually used for sleeping accommodations (unsheltered)

Address_____Phone_____
Street City Zip

Parent/Legal Guardian Name_____

I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Parent/Guardian Signature_____ **Date**_____
OR
Unaccompanied Youth Signature_____ **Date**_____

For School Personnel Use Only

If student is missing enrollment records, please contact the student's previous school for records.

Following records are still missing:

☐ Birth certificate ☐ Immunizations ☐ Medical records ☐ Prior academic records

School Personnel Signature_____ **Date**_____

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act.

McKinney-Vento Liaison Signature_____ **Date**_____

Mr. Timothy D. Ames, Superintendent • Mrs. Kimberly Headrick, Director of Teaching and Learning • Mr. Chad Moss, Director of Finance