

# Medical Lake School District

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



Phone: (509) 565-3100  
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## 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 any of the questions, please complete the remainder of this form.**

**If you answered NO to all 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, Assistant Superintendent • Mr. Chad Moss, Director of Finance