

**Valley Stream Central High School District**  
Registration Office

FORM A

STUDENT RESIDENCY QUESTIONNAIRE

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

Name of Student: \_\_\_\_\_

Last

First

Middle

Sex: M / F

Birth Date: \_\_\_ / \_\_\_ / \_\_\_

Age: \_\_\_\_\_

---

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answer to this residency information helps determine the services the student may be eligible to receive.

Does the child lack a fixed, regular, and adequate nighttime residence?      Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered YES to the above question, 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, hotel, trailer park, campground due to lack of alternate adequate living accommodations.
- In an emergency or transitional shelter
- With more than one family in a house or apartment due to loss of housing or economic hardship.
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite, abandoned building, bus or train station

---

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

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I understand that any false statements made herein may be punishable pursuant to the Penal Law of the State of New York and may be referred to the Office of the District Attorney.

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