



STUDENT IN TRANSITION RESIDENCY INFORMATION FORM

7/24

** This questionnaire is in compliance with the McKinney-Vento Act, U.S.C.42 § 11432(a). Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act. McKinney-Vento Act eligibility is reviewed monthly. ** **Student-In-Transition forms MUST be completed annually.** **

Student Name (First, Last)	School registering in Fox District	Grade	Date of Birth
Street Address (live now or anticipate)	City	State	Zip Code
School of Origin (last attended)			

PLEASE PROVIDE 2 CONTACTS IF POSSIBLE:

Parent #1/ Guardian Name#1 (First, Last)	Email Address	Phone #	Relationship
Parent #2/ Guardian Name#2 (First, Last)	Email Address	Phone #	Relationship

Please provide information for siblings of Student listed above (if additional lines are needed, use the back of this form.)

<u>Names of Other Children in the Home:</u> (First, Last)	<u>Name of School they attend:</u> (K - 12)	<u>Date of Birth</u>	<u>Grade</u>

I. If your family is currently residing in any of the following situations due to economic reasons: (X the appropriate box)

- ☐ Staying in a transitional or emergency shelter
☐ Sharing the housing of others due to loss of housing or economic hardship
☐ Sleeping in a car, campground, park or public place
☐ Staying in a hotel or motel
☐ Substandard housing: no electricity or gas, no running water, lack of cooking capabilities, code violations, etc.

Please explain your current living situation that may qualify you for McKinney-Vento eligibility:

- II. Factors contributing to the student's current living situation:** (X all that apply) ☐ Health Reasons
☐ Foreclosure / Eviction ☐ Economic Hardship ☐ Loss of Employment ☐ Other (Please explain)
☐ Safety Reasons ☐ Disaster (fire, flooding, tornado, etc.)

- III. The student(s) live with:** (X all that apply) ☐ Parent(s) _____ # of parents living in home ☐ Legal Guardian(s)
Alone (no parent/guardian) ☐ Relative, Friend or other adult that is not a guardian (Info below is who student is residing with)

NAME(S): _____
PHONE #(S): _____
EMAIL(S): _____

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FOR USE ONLY IF MORE SPACE NEEDED THAN PROVIDED ON PREVIOUS PAGE:

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RESIDENCY and EDUCATIONAL RIGHTS

Student/s who are in a temporary, inadequate, or homeless living situation have the following rights:

- * Immediate enrollment in the school they **last attended** or the district where they currently reside.
- * Access to free meals, Title I and other educational programs, and other services including transportation to and from school.
- * To attend the same classes and activities that non-McKinney-Vento students attend without fear of being singled out or treated differently due to their current housing situation.

Any questions about these rights can be directed to the Fox C-6 School District's McKinney-Vento Liaison, Kim Loomis, by phone at (636) 296-8000 x 7141 or by email at mkv@foxc6.org, or the State Director of Homeless Education/MKV, Tera Bock, at (573) 526-3232. By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent(s) / Guardian(s) / Unaccompanied Youth

Date

Signature of McKinney-Vento Liaison

Date

*** OFFICE USE ONLY:**

To be completed by Fox C-6 MKV Team:

_____ ***SIT approved***

_____ ***SIT denied***

If denied, date Dispute Letter mailed: _____

Name of staff who mailed letter: _____