ONTEORA CENTRAL SCHOOL DISTRICT PO BOX 300 BOICEVILLE, NY 12412

(845) 657-3320 (845) 657-8742 FAX

	STUDE	NT RESIDENCY	QUESTIONNAIRE	
Name	of School:			
Name of Student:				_ Sex: MF
	Last	First	Middle	
Birth Date:		Age:	Student ID #	
be able to recei the McKinney- don't have the immunization	ive under the M Vento Act are documents nor records, or birt	IcKinney-Vento a entitled to immed mally needed, su th certificate. Stu	nine what services you Act. Students who are diate enrollment in sch ch as proof of residence dents who are protect ree transportation and	protected under ool even if they y, school records, ed under the
Where is the stud	ent currently liv	ring (Check one bo	ox.)	
hardship (son In a hotel/mo In a car, park	metimes referred otel x, bus, train or carrary living situa	d to as 'doubled-u	of loss of housing or as a p') ibe):	
			We will obtain your sig	nature at a later time
PRINT name of F Student (for unac	•	n, or SI	GNATURE of Parent, C unaccompanied l	Guardian, or Student (for
DATE				
Please provide ad	dress of tempor	ary housing:		
	child under fals		n offense under Section sects the person to liabili	
	e named student	-	ent at Central Administr Child Nutrition Program	00
Date	Mc.	Kinney-Vento Lia	ison Signature	2/28/11