

BIE-McKinney-Vento Student Residency Verification Document

The document on page 2 is a sample for schools to consider utilizing in addressing the requirements of the McKinney-Vento Act (Title X, Part C of NCLB). This document can be included in the School Enrollment Packet at the beginning of the school year for parent(s)/guardians of student(s) to complete. A determination will be made by the school if the student is eligible to receive services under the McKinney-Vento Act based on how the parent(s)/guardian(s) respond to the information in the document. In addition, living situations may change any time within the school year, therefore it is recommended that this document be distributed again at the end of the school year. Identifying students in homeless situation(s) is critical and schools must make considerable effort to the identification and providing services to students in a homeless situation according to the McKinney Vento Act.

If you would like additional information, please contact:

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SAMPLE

Student Residency Verification Document

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? *Check one box*

Section A	Section B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or Apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian) <i>CONTINUE:</i> if you checked a box in Section A , complete #2 and the remainder of this form	<input type="checkbox"/> Choices in Section A do not apply <i>STOP:</i> If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

School: _____

Name of Student _____ Male Female

Birth Date ____/____/____ Age: _____ Social Security# (if appropriate): _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

School Use Only – School Administrator’s determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Contact Person who may know of the family’s situation:

_____ Date faxed _____