



School Board of Brevard County, Florida Student Residency Questionnaire

This questionnaire 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

- In a shelter
- With more than one family in a house or apartment
- In a motel, car or campsite
- With friends or family members (other than parent/guardian)

Continue: If you checked a box in Section A. Complete #2 and the remainder of this form.

Section B

- Choices in Section A do not apply.

Stop: 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:

- 1 parent
- 2 parents
- 1 parent and another adult
- a relative, friend(s) or other adult(s)
- alone with no adults
- an adult that is not the parent of legal guardian

Please print very clearly, complete one per family, and return the survey to your student's school (registrar or teacher.)

How many children/youth are in your household (even if not enrolled in school)? _____

Names of students enrolled in school (PK-grade 12) or Adult School (If needed, use an additional sheet of paper.)

First Name	MI	Last Name	____/____/____	Grade	School
First Name	MI	Last Name	____/____/____	Grade	School
First Name	MI	Last Name	____/____/____	Grade	School

Parent/Guardian/Unaccompanied youth Name (Print): _____

Street Address (Location of housing): _____

Mailing Address:

_____ Street City State Zip

Telephone: _____ Cell Phone: _____ Work Phone: _____

Length of time at this address: _____ Former Address: _____

By signing below, I give permission to be contacted by the Office of Students in Transition to share district and community resources that may assist my child's success in school and our family's needs.

Parent/Guardian/Unaccompanied youth name: _____

School use only – School Liaison's determination of Section A circumstances:

Fax to Office of Student Services, Attn: Dr. Sally Shinn, District Liaison

OR scan and email to shinn.sally@brevardschools.org

If the parent has checked Section B above, completion of form is not required. For any choice in Section A, this form must be completed and submitted to the Office of Student Services immediately after completion. All campuses must keep original forms separately from the Student Permanent for audit purposes during the year.

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

_____ Contact Person _____ Date