## RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act,. Your answers will help the administrator determine residency documents necessary for enrollment of your student(s).

Student Name	School	Age	Grade	Date of Birth
Parent/Guardian:				
Phone/Pager:				
Street Address:				
City:				
Zip Code:				
Please choose which of the follow:  House or apartment with pa Motel, car, or campsite Shelter or other temporary I With friends or family mem	ing situations the student c rent or guardian nousing	urrently resides	-	noose more than one):
f you are living in shared housing  Loss of housing  Economic situation  Temporarily waiting for hou  Provide care for a family m  Living with boyfriend/girlfi	use or apartment ember	llowing reasons	s that apply:	
Loss of employment Parent/Guardian is deployed For student(s) to attend Waw	d	Cornoration		
For student(s) to attend Way	asee Community School (	Jordoration		

## **Housing and Educational Rights**

## Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, free textbooks, Title I and other educational programs, and transportation to extracurricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison, Joy Goshert at (574) 457-3188 or the State Coordinator at (317) 233-3372.

By signing below, I acknowledge that I have received and under	stand the above rights.
Signature of Parent/Guardian/Unattached Youth	Date
Signature of McKinney-Vento Liaison	Date

Wawasee Community School Corporation McKinney-Vento Liaison Joy Goshert, Assistant Superintendent 1 Warrior Path, Bldg. 2 Syracuse, IN 46567

Email: jgoshert@wawasee.k12.in.us

Phone: 574-457-3188

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Email: djani@doe.in.gov Phone: 317-233-3372