

# ResponsiveEd®

2026 - 2027

## McKinney-Vento Enrollment Packet Questionnaire

**CONFIDENTIAL**

This questionnaire is intended to address the McKinney -Vento Homeless Education Assistance Act, 42 U.S.C. 11435. Your answers will help the administrator determine residency documents necessary for enrollment as well as the services the student may be eligible to receive.

**Part I:** If you are the **Parent or Legal Guardian** of the student enrolling, complete these questions.

1. Is your current address a *temporary* living arrangement? \_\_\_\_\_ YES, or \_\_\_\_\_ NO
2. Is this *temporary* living arrangement due to loss of housing or economic hardship? \_\_\_\_\_ YES or \_\_\_\_\_ NO

If you answered **YES to BOTH** questions, **complete Part III and please notify the person enrolling you.** (You will be asked to complete an additional form)

If you answered **NO** to either/both questions, please sign and submit.

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**Part II:** If you are **NOT** the **Parent or Legal Guardian** of the student enrolling, complete these questions.

1. Is the current address for the student enrolling a *temporary* living arrangement? \_\_\_\_\_ YES, or \_\_\_\_\_ NO
2. Is this *temporary* living arrangement due to abandonment, denied housing by family or a runaway \_\_\_\_\_ YES or \_\_\_\_\_ NO

If you answered **YES to BOTH questions**, **complete Part III and please notify the person enrolling you.** (You must complete additional forms)

If you answered **NO to either/both questions**, please sign and submit.

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**Part III:**

Name of student: \_\_\_\_\_  
Last First Middle

Current Grade: \_\_\_\_\_

Sex: \_\_\_M \_\_\_F

Do you have other children enrolled in another Responsive Ed school? \_\_\_\_\_ YES, \_\_\_\_\_ NO

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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## McKinney-Vento Affidavit

Campus Name: \_\_\_\_\_

**(Please print or type)**

1. My name is: \_\_\_\_\_

I am currently staying at this address:

Street \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I receive my mail at: \_\_\_\_\_

Phone number where I can reach: \_\_\_\_\_ Work Number: \_\_\_\_\_

If you are staying at a shelter, list name and phone number of agency contact: \_\_\_\_\_

\_\_\_\_\_

2. I am the parent/legal guardian of (child's name): \_\_\_\_\_ Student's Information: Date

of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

The child's current school is: \_\_\_\_\_

Does the child have special education needs? \_\_\_\_ If so, what are they? \_\_\_\_\_

\_\_\_\_\_

3. Please check one:

I wish to have my child continue in his/her current school for the remainder of the \_\_\_\_\_ school year.

I wish to enroll my child at the new school for the address at which I am currently staying. New attendance zone school: \_\_\_\_\_

4. I meet the requirements as detailed in the McKinney-Vento 2001 Reauthorization Act because

**(Check one):**

My child and I live with a friend, relative, or someone else because we lost our home and cannot afford housing.

My child and I are staying in a hotel, motel, or campground due to lack of adequate alternative accommodations.

My child and I are living in an emergency shelter, transitional shelter, or domestic violence shelter.

My child and I are living in a hotel, motel, with a friend, relative or emergency shelter due to a natural disaster.

Name of natural disaster: \_\_\_\_\_

My child and I have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

I, the student, live with a friend, relative, or someone else because I am a runaway child or have been abandoned or denied housing by my parent/legal guardian. (unaccompanied youth)

Child is awaiting foster care placement

Child was abandoned in the hospital

5. I understand that this affidavit pertains to the child's placement at the \_\_\_\_\_ campus only for the \_\_\_\_\_ school year.

6. I understand that if the information in this affidavit is false, the child may be removed from the school. The district will give notice of an opportunity to appeal the removal in accordance with the district policy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Homeless Liaison

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Education and Support Services Provided

The **Campus Homeless Liaison** must complete 1 form for **each** student in the family being enrolled.

Campus Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Select if Provided	Service Provided	Date Services Provided/Started
	Free lunch form completed and submitted to cafeteria manager	
	School Supplies	
	Emergency clothing/shoes/school uniform	
	ESL Services	
	Assistance with obtaining previous school records	
	Assistance with obtaining medical records	
	Assistance with obtaining birth certificate	
	Referral to support services within the school for counseling, crisis intervention, tutoring, etc.	
	Other:	
	Other:	

**By signing this form, you understand your rights under McKinney-Vento Homeless Education Assistance Act, you have been given information on resources, and you have discussed the educational needs of the student being registered with the school based liaison.**

Signature of parent/guardian/unaccompanied youth \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of school-based liaison: \_\_\_\_\_

This form was scanned to the District **McKinney-Vento** Liaison via **your Schools Google Drive** on \_\_\_\_\_. The **School Based McKinney-Vento Liaison** is responsible for maintaining accurate files for all students who are covered under McKinney-Vento. This file should contain original forms and be accessible during an audit.