Main: 503-876-4525 MHS Fax: 503-876-2511 ES Fax: 503-876-4321

Student Residency Form		
student Information		
Last	First	Middle
School Enrolling In	Grade Enrolling In	DOB: MM/DD/YYYY
IcKinney-Vento Act's Homeless Edu	cation Program (NCLB	: Title X)
nsures that homeless children and youth are provice gular and adequate residence or a supervising par		c education despite the lack of a fixed
efinitions efficiency and the second		
 A fixed residence is permanent and not subject. A regular residence is used consistently, as in adequate residence meets both the physics. 	in nightly.	pically met in home environments.
lomeless Situations		
 are sharing the housing of other persons due loss of housing, economic hardship, or a sim reason; are living in motels, hotels, trailer parks, or car grounds due to the lack of alternative adequa accommodations; are living in emergency or transitional shelted are abandoned in hospitals; are awaiting foster care placement; 	or private plact as a regular substitution beings are living in case buildings, substations, or site. or private plact as a regular substitution beings are living in case buildings, substations, or site. Children and	ry nighttime residence that is a public ce not designed for or ordinarily used leeping accommodation for human ars, parks, public spaces, abandoned standard housing, bus or train milar settings; and Youth in Homeless Families ared Youth (Runaway, abandoned, pervised youth)
Check if you consider your student homeless ac	ccording to the definitions or situ	ations listed above.
Public School Rights I omeless children and youth are entitled to immedia articipating fully in school activities. Homeless child rovided it is in the best interest of the student, requettended by the homeless child or youth at the onset chool District Homeless Liaison Lynne Shore at lyn	dren and youth are entitled to en ested by parents and feasible. T t of homelessness. For assistan	rollment at their school of origin, The school of origin is the school last ace please contact the Willamina
Phone	Ag	ge of Siblings

Signature of Parent/Guardian

Date