

Lafourche Parish School Board
MEDIA CENTER

1411 CRESCENT AVENUE
LOCKPORT, LOUISIANA 70374-3197
PHONE: (985) 532-2508
FAX: (985) 532-7360

TO: Pre-K Parents/Guardians

FROM: Quentina T. Brown
LPSB Homeless Liaison

DATE: January 25, 2021

RE: McKinney-Vento Homeless Program
LA Student Residency Questionnaire Form

Attached please find a Louisiana Student Residency Questionnaire Form for the Lafourche Parish Schools McKinney-Vento Program. McKinney-Vento defines homeless as families who lack a fixed, regular, and adequate nighttime residence. This includes families that share housing with other persons due to loss of housing; living in motels, camp grounds, vehicles, etc; living in emergency or transitional shelters; abandoned in hospitals; or awaiting foster care placement. It also includes migratory children who qualify as homeless.

This program ensures that children identified as homeless are enrolled in school immediately, and provided the same services as non-homeless children. If you are currently experiencing such a situation, please complete the enclosed form and return it with your child's Pre-K packet. If it is determined more information is needed, you will be contacted by staff to complete the application process.

If you have any questions please feel free to contact Quentina Brown, Homeless Liaison for Lafourche Parish Schools at (985) 532-2508 ext. 6762. Thank you.

(Families have to re-apply for the McKinney-Vento program every school year.)

Sincerely,

Quentina Brown

Lafourche Parish Schools Homeless Liaison

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ School Name: _____

Student Name: _____ ID#: _____ Gender: Male / Female

Address: _____ Telephone Number: _____

Last School Attended: _____ Current Grade: _____ Date of Birth: _____

Parent / Guardian / Adult Caring for Student: _____ Relationship: _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. YES NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)
2. YES NO Is the temporary living arrangement due to loss of housing or economic hardship?
3. YES NO Does the student have a disability or receive any special education-related services? (Check one)
4. Where is the student currently living? (Check all that apply.)

In an emergency/transitional shelter.

Temporarily with another family because we cannot afford or find affordable housing.

With an adult that is not a parent or legal guardian, or alone without an adult.

In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.

Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)

In a hotel/motel. Other specific information: _____

5. YES NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
6. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
7. YES NO Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
8. YES NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.
 Name _____ School _____ Grade _____ DOB _____
 Name _____ School _____ Grade _____ DOB _____
 Name _____ School _____ Grade _____ DOB _____
9. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name	Signature	Date
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(Area Code) Phone Number	Street Address	City	State	Zip Code
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Print School Contact Name	Title	Signature	Date
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Homeless Liaison Use Only – Check All that Apply:

- Sheltered Doubled-Up Unsheltered/FEMA/Substandard Hotel/Motel Unaccompanied Youth: YES NO
- School Use Only: Free or Reduced Price Meals Form submitted/signed Copy Placed in Student's Cumulative Record