

McKinney-Vento Student Residency Questionnaire

ALABASTER CITY SCHOOLS – 2023-2024

(Complete **ONLY** one form per family)

Telephone number: 205.663.8472

Homeless Liaison: Mr. Brent Byars

E-mail: brent.byars@acsboe.org

List All School-Aged Children (List oldest to youngest child)

Student First Name/Last Name	Birth Date	Special Ed	School	Grade	Gender
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F
List Non-School Aged Children	Birth Date	Early Childhood	School	Age	Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F

Last School Attended: (List school(s) in the same order as student(s) listed above.)

1.	2.	3.
4.	5.	6.

Lives With:	Last Name	First Name	Address (city, state, zip)	Home Number	Work/Cell Number
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Guardian					
<input type="checkbox"/> Relative					
<input type="checkbox"/> Other (specify)					

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

- Is this student's home address a temporary living arrangement, other than rental? ☐ Yes ☐ No
- Is this a temporary living arrangement due to a loss of housing or economic hardship? ☐ Yes ☐ No
- Is this student in a temporary foster care placement or awaiting foster care? ☐ Yes ☐ No
- As a student, are you living with someone other than your parent or legal guardian? ☐ Yes ☐ No

If you answered YES to any of the above questions, please complete the remainder of this form. If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- ☐ In a motel ☐ transitional housing (through community agency)
☐ In a shelter ☐ "Awaiting" Foster Care
☐ With more than one family in a house or apartment ☐ Moving from place to place
☐ In a location not designed for sleeping accommodations such as car, park, or campsite

Address of current residence: _____

Name of motel /Shelter of current residence: _____

Name of "general area" of current residence: _____

Phone Number or contact Number: _____ Name of contact: _____

Print name of parent(s)/legal guardians(s): _____

(Or unaccompanied youth)

Signature of parent/legal guardian: _____ Date: _____

(Or unaccompanied youth)

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge.

McKinney-Vento Request for Student Services

ALABASTER CITY SCHOOLS 2023-2024

Homeless Liaison: Brent Byars

Telephone Number: 205.663.8472

E-mail: brent.byars@acsboe.org

Name of Student: _____

TO BE COMPLETED BY ACS STAFF:

What services are needed by the family?

Areas the district will provide family assistance:

Referral for Community Resources

- ☐ Medical, Dental and other Health Services
- ☐ Mental Health Services
- ☐ Food and Clothing
- ☐ Housing and Support
- ☐ GED assistance for parent
- ☐ Addressing needs related to domestic violence
- ☐ Parent education related to rights/resources
- ☐ Other, Specify: _____

Describe
specifically what
is needed in each
category (if more
space is needed
use the back of
this page)

Areas of Educational and Related Services Needed

- ☐ Transportation
- ☐ Free Lunch
- ☐ Immunization needed
- ☐ Birth Certificate needed
- ☐ School Supplies
- ☐ Help with enrollment
- ☐ Tutoring or other instructional services
- ☐ Counseling
- ☐ Activity Fees
- ☐ Special Education
- ☐ Gifted and Talented Programs
- ☐ After-School Programs
- ☐ ESL Services
- ☐ School Health Records
- ☐ Special Security/Safety Services
- ☐ Truancy Issues
- ☐ Other Specify: _____

School Staff Referred by:

School:

Date:

☐ Covered by MV ☐ Not Covered by MV ☐ Dispute Resolution Date: _____

Local School Staff Signature: _____

District Administrator Signature: _____