



Dr. Laura P. Feijóo
Superintendent of Schools

City School District of New Rochelle
515 North Avenue
New Rochelle, NY 10801

Questionnaire: Student/Family Domicile

Your child may be eligible for additional educational services through Title I Part A, Title I Part C – Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

Presently, are you and/or your family in any of the following situations?

- In a shelter
- In a motel or hotel
- In a transitional housing program
- In a car, trailer, or campsite
- In a rented trailer/motor home on private property
- Asiting foster placement
- In a rented garage due to loss of housing
- Temporarily with an adult that is not the parent/legal guardian of child, due to loss of housing
- In a single room occupancy building
- Temporarily in another family's house or apartment due to loss of housing
- Other place unfit for human habitation
- None of the above**

Is this temporary living arrangement due to: loss of housing or economic hardship?

Date family moved into temporary housing: _____

Address prior to moving into temporary housing: _____

<i>Student's Name</i>			<i>Date Of Birth</i>		
<i>First</i>	<i>Last</i>	<i>M/F</i>	<i>Birth</i>	<i>Grade</i>	<i>School Name</i>

The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name Signature Date

Phone Number Street Address City State Zip

SCHOOL USE ONLY

***Note to school personnel:** If any box above is checked, other than "none of the above" please refer family to District Liaison and fax this form to: Pupil Personnel Services, Dr. Rhonda Jones ay (914) 576-

District McKinney-Vento Liaison: Based on the above information, I certify that the above named student/family is eligible for benefits under the McKinney-Vento Act.

McKinney-Vento Liaison Signature Date