

**BARBOUR COUNTY SCHOOLS**  
**Student Residency Questionnaire**

*This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Act. Answers to this questionnaire are confidential and will help determine the services a student may be eligible to receive.*

*Is your current address a temporary living arrangement due to loss of housing or economic hardship?*

*Yes*     *No*

*Is this student in a foster care placement?*

*Yes*     *No*

*If you answered YES to either question please continue and complete the remainder of the form.*

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Name of Student	Name of School	DOB	Grade	Last School Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Name of Parent/Guardian/Foster Parent** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact Phone #'s** \_\_\_\_\_

**Please select the one which “best” describes your current living arrangements:**

- Temporarily staying with family or friends due to loss of housing or economic hardship.
- Living in motel/hotel due to loss of housing or economic hardship.
- Residing in an emergency shelter or in transitional/supportive housing for the homeless.
- Residing in car, park, abandoned building, or substandard housing.
- Foster placement through Department of Health and Human Resources, family, kinship or residential placement.
- Residing with someone who does not have legal custody and/or is not the legal parent.

**Is/are student(s) eligible for special education services?**    \_\_\_ **Yes**        \_\_\_ **No**

**Individual completing this form** \_\_\_\_\_

**Signature of Parent/Guardian/Foster Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return this form to:**  
**Your Student’s School or**  
**Glenn J. Sweet, Homeless Facilitator**  
**Barbour County Schools**  
**105 S. Railroad Street**  
**Philippi, WV 26416**

*Phone: 304-457-3030 ext. 127    Fax: 304-457-3559*

Office use only
_____
<i>Date Received</i>
_____
WVEIS #