



330 Mount Laurel Road • Mount Laurel, NJ 08054 • Phone: 856-235-3387 • Fax: 856-235-1604

STUDENT RESIDENCY STATUS

This questionnaire is in compliance with the McKinney-Vento Act,
U.S.C. § 42 11431 et seq. Your answers will help determine if the student meets eligibility requirements
for services under the McKinney-Vento Act.

Student Name _____

School _____ Grade _____ DOB _____

Property Owner (Parent's/Guardian's name appears on the attached Deed/Mortgage)

statement) **Renters** (Parent's/Guardian's name appears on the attached Lease Contract)

Shared Housing (*The student and the family live with a Mount Laurel Resident*). Check all that
apply:

Temporarily waiting for a house or apartment

Provide care for a family member

Parent/Guardian is deployed and is expected to return from active military duty

Loss of housing (sharing housing with relatives or others due to lack or loss of housing

loss of employment

Economic situation

Other (please explain) _____

Living in a **Motel, Hotel, Park, Campground, Car, RV** or in a public place due
to lack of adequate housing.

Living in a **Shelter or other temporary housing**.

Unaccompanied Youth (Student is not in the physical custody of a parent/legal
guardian due to hardship or loss of housing.

Since (date) _____ our family has not had a permanent home.

Last Permanent address: _____

I declare under penalty of perjury under the laws of this state that the information provided here is true and
correct and of my own personal knowledge, and that, if called upon to testify, I would be competent to do so.

Signature: _____ Date: _____

Name: _____ Phone: _____

Email: _____