



Masada Charter School

Homeless Student Eligibility (MaKinney-Vento)

Name of Student _____ [M] [F]

Birth Date ____/____/____ Age: _____ Social Security # _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? [Yes] [No]
2. Is this temporary living arrangement due to loss of housing or economic hardship?
[Yes] [No]

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

Where is the student presently living? (*Check Box*)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (*car, park, campsite*)

Name of Parent(s)/Legal Guardian(s) _____

Address _____ State _____ Zip _____

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to LeAnne Timpson at the Masada office

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

Liaison Signature

Student Residency Form

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. The question below is to assist in determining if the student meets the definition of homelessness.

In the event the child is not staying with his/her parent(s) or guardian(s), use the caregiver's authorization form to address guardianship issues.

Where does the student stay at night? In a;

shelter motel/hotel car campsite

other location not appropriate for people (e.g., abandoned building)

temporary with more than one family in a house, mobile home, or apartment (because the family doesn't have a place of its own)

other _____

School: _____

Name of student: _____ Birthdate: _____

I, _____, declare as follows:

1. I am the parent/legal guardian of _____ who is of school age and is seeking admission to Masada Charter School District.
2. Since _____, our family has not had a permanent home; however, we have been residing within the school district boundaries and intend to stay here.

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 testify.

Signature

Date

I regularly contact and receive my mail at: _____

Name: _____

Phone #: _____

Address: _____

E-mail: _____

I can be reached for emergencies at: _____

Affidavit for Missing Enrollment Documentation

State: _____

School district: _____, to-wit: _____,

being first duly sworn upon oath, based upon his/her personal knowledge, answers the following questions as noted in his/her handwriting on this and the attached page, which are propounded by duly authorized officials of the _____ concerning a pupil's missing enrollment documentation for the following:

Documentation for the following:

- Proof of residency Proof of guardianship Proof of identity Birth certificate
 Immunization records School record School physical/health record

In accordance with the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, (P.L. 107-110), states and localities are required to address barriers to the enrollment of students meeting the definition of homeless.

1. What is your name?
2. Have you been advised by an official of the district, and do you understand that you are required to answer the questions contained in this affidavit as a condition to the enrollment and admission of a pupil into the district because of an inability to supply the district with the necessary enrollment documentation checked earlier on this affidavit?
3. Do you understand that giving a false or otherwise untrue answer to any of the questions in this affidavit could result in a criminal charge of perjury being brought against you?
4. Do you understand that when a question in the affidavit asks if you have knowledge of or if you know of an instance or situation, it means that you are expected to relate any knowledge or information received from other people, and to relate the source of your knowledge and information?
5. What is the full name of the pupil you wish to enroll in this district?
6. What are the age, date, and place of birth of the pupil being enrolled in this district?

7. Who are the parents, parents by legal adoption, legal guardians, or persons having legal custody of the pupil being enrolled?

8. Where is the pupil currently staying?

9. Do you have legal custody imposed by a court order or have you been designated as a court-appointed guardian for the pupil being enrolled?

What court entered such order and what type of case was it (i.e., custody hearing, etc.)?

10. Why are you unable to present a copy of documentation for the items checked on page 1 for the student that you are enrolling?

11. To the best of your knowledge has this pupil ever been reported to any law enforcement agency as a missing child?

If the response to question #11 is yes, identify by name and address the law enforcement agency and date of report.

12. Is this affidavit being used to enroll a pupil who is missing immunization records, health records, school records, or proof of identity?

If the response to #12 is yes, give the following information:

- For missing immunization or health records, do you understand that you must obtain the necessary medical documentation and provide a copy to the school
- For missing school records, what was the name and location of the last school the student attended?

Date

Signature