Alpine School District Voluntary Student Information Questionnaire McKinney-Vento Assistance Act



This questionnaire is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11431, et. seq. The Act requires that all homeless children and youths have equal access to the same free and appropriate public education as provided to other children and youths and to ensure that all homeless children and youths have an opportunity to meet the same challenging state standards to which all students are held. The term "homeless children and youth" means *individuals* who lack a fixed, regular, and adequate nighttime residence. Please answer the questions below to determine if the student is included in this definition and is therefore eligible for the rights and services provided under the McKinney-Vento Homeless Assistance Act.

tudent Name:		·	Student ID#:	Date of	f Birth:	
	School :			Grade:		
Submi	ission of any false or mi	sleading information is	a violation of state law ar	nd may void this a	pplication and agreer	nent.
Yes No						
	Is the student sharing housing with other persons due to loss of housing, economic hardship, or similar reason?					
		in a motel or hotel due to lack of alternative adequate accommodations? in an emergency or transitional shelter? in a car, park, temporary trailer park, campground, public space, abandoned building, substandard housing,				
				blic space, abando	ned building, substand	ard housing,
		station, or similar setting	? dence that is a public or priv	vate place, not desi	igned for or	
			ccommodations for human		ignou for or	
	Is the student a migra	itory child/youth that mee	ts one or more of the condi	tions described her	rein?	
	Is the student abandoned in the hospital?					
	Is the student awaiting foster care placement?					
	_ Is the student seeking an unaccompanied child/youth (not in the physical custody of a parent or guardian) living in one or more					
		lescribed conditions?	DESCRIBE THE SITUATION	ON:		
	IF TOU ANSWERED	TES, PLEASE BRIEFLT	DESCRIBE THE STOATS	ON		
					8.1	
Signature or p	erson completing the fo	rm AND relation to stud	lent:			
	Diago notify the co	hool if your living s	tatus changes. This i	nformation is v	varified annually	
	Please notify the sc	noor if your living s	tatus changes. This i	illorillation is v	erineu annuany.	
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Parent/Caregive	er Name / Relation to stud	ent:				
Address: Phone Number:						
				*		
List all school-a	ge students residing with	you:				
Name		School		Grade	Date of Birth	
		_				
				·		
		_		V		
Question	s concerning this guest	ionnaire or a homeless	situation should be direct	ted to Alnine Sch	ool District Student S	arvicas
Question			JT 84003, (801) 610-8518,			CI VICES
			nell@alpinedistrict.org			
OR ALPINE SCI	HOOL DISTRICT USE OF	NLY:				Rev 11-4-2
APPROVED	□ DENIED	ADMINISTRAT	TIVE SIGNATURE/DATE			