CLINTON COUNTY SCHOOL DISTRICT

LIVING STATUS SURVEY

	Student Name:	
1.	PRESENTLY, WHERE IS THE STUDENT LIVING? CHECK OF	NE BOX:
	SECTION A	SECTION B
	WITH MORE THAN ONE FAMILY IN A HOUSE, APARTMENT, OR OTHER HOME IN A MOTEL, HOTEL, CAR OR CAMPSITE WITH FRIENDS OR FAMILY MEMBERS (OTHER THAN PARENT/GUARDIAN)	CHOICES IN SECTION A DO NOT APPLY TO THIS STUDENT. STUDENT LIVES WITH PARENT/S OR LEGAL GUARDIAN IN A ONE FAMILY HOME. STOP: IF YOU CHECKED THIS SECTION,
	<u>CONTINUE:</u> IF YOU CHECKED A BOX IN SECTION A , COMPLETE #2 AND THE REMAINDER OF THIS FORM.	YOU DO NOT NEED TO COMPLETE THE REMAINDER OF THIS FORM.
2.	THE STUDENT LIVES WITH: PARENT OR OTHER LEGAL GUARDIAN A RELATIVE, FRIEND, OR OTHER ADULT ALONE WITH NO ADULTS AN ADULT THAT IS NOT THE PARENT OR LEG	GAL GUARDIAN
	SCHOOL:NAME OF STUDENT:	

This questionnaire is intended to address the McKinney-Vento Act. The information on this form will help the school district to assist students with enrollment and ensure that all students have the resources they need to be successful learners in our district. Questions about the information requested on this form may be addressed to the attendance clerks at each school or to the Director of Pupil Personnel, Dr. Julie McFall York 606-387-6480.

BIRTH DATE (MONTH/DAY/YEAR): _____

PHONE NUMBER:

NAME OF PARENT/LEGAL GUARDIAN: _______ADDRESS: ______

SIGNATURE OF PARENT/LEGAL GUARDIAN:

ATTENTION TEACHERS: PLEASE SUBMIT THIS FORM TO THE ATTENDANCE CLERK IN THE SCHOOL OFFICE