



Holy Rosary Catholic School
 161 9th Street
 Idaho Falls, ID 83404
 (208) 522-7781 holyrosaryschoolif.org

Family Name: _____
Grade: _____

ANNUAL STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help our administration determine residency status for enrollment of your student(s) and whether or not additional support and services may be available to the student(s).

1. Presently, where is/are the student(s) living? **Check one box in either Section A or Section B.**

Section A	Section B
<input type="checkbox"/> In a shelter, transitional housing or awaiting foster care <input type="checkbox"/> With more than one family in a house or an apartment due to loss of housing or economic hardship <input type="checkbox"/> In a temporary trailer, campground, car, or park <input type="checkbox"/> In a hotel or motel CONTINUE: <i>If you checked a box in Section A, complete #2 and the remainder of this form.</i>	<input type="checkbox"/> Choices in Section A do not apply <p style="text-align: center;"><u>STOP</u></p> <p><i>If you checked this section, you do not need to complete the remainder of this form. Please sign and date the form and submit to school personnel. Thank you.</i></p>

2. The student(s) lives with:
- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent and another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

Name of Student(s)	Date of Birth and Age	Male or Female
	/	
	/	
	/	

Please list additional students on the back of this page.

Address _____ ZIP _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

<p>School Use Only For any choices in Section A, this form must be immediately routed to appropriate personnel (Child Success Team).</p> <p>The name and phone number of a school contact person who may know of the family's situation.</p> <p>_____</p> <p>Name _____ Phone Number _____</p>

Mission Statement

Holy Rosary Catholic School's mission is to use its Christian Catholic traditions and community resources to empower and celebrate student achievement, so that our students will have a secure environment in which to grow in their knowledge of God, themselves, community, and academics and use that knowledge to reach their God-given potential.