



AFFIDAVIT OF RESIDENCY FORM (Appendix 17)

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.

Are you an Unaccompanied Youth? [] Yes - The student is with an adult that is not a parent or legal guardian or is alone without an adult. [] No - The student does not meet the definition of "Unaccompanied Youth."

Are you living in any of the following situations?

Table with 4 columns: Yes, No, Code, Definition. Rows A-E describe various living situations like emergency shelters, doubled-up, cars/trailers, and hotels/motels.

If you answered YES to any of the above, then your preschool-aged and school-aged children have certain rights, protections, and services under the No Child Left Behind Act: Title X, Part C. Please complete the information below.

Student Name: _____ DOB: _____ School: _____ Grade: _____
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Student Name: _____ DOB: _____ School: _____ Grade: _____
Student Name: _____ DOB: _____ School: _____ Grade: _____

Name of Parent/Legal Guardian/Caregiver: _____

Since _____ I/we have not had a permanent home; however, I/we have been residing within the Charlotte County Public School District boundaries and intend to remain there. I receive my mail and can be contacted at:

Email: _____

Address: _____

Phone Number: _____ Cell: _____

I can be reached for emergencies at: _____

I will notify the McKinney-Vento Liaison at (941) 255-7480 within five (5) working days of any change in my residence or the residence of the above mentioned child.

Parent/Guardian/Caregiver/Unaccompanied Youth: _____ Date: _____

CCPS Staff Member Signature: _____ School Initials: _____

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

Date _____

McKinney-Vento Liaison Signature _____

PLEASE FAX TO THE FAMILIES FIRST OFFICE UPON COMPLETION @ (941) 255-7483