

EGG HARBOR CITY PUBLIC SCHOOLS

SPECIAL PROJECTS DEPARTMENT Dr. Gina Forester, Director 730 Havana Avenue, Egg Harbor City, NJ 08215 Phone (609) 965-1034 x 136 PAX (609) 804-0642

ENROLLMENT RESIDENCY QUESTIONNAIRE – page 1

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

| STUDENT(S) INFORMATION | | | |
|------------------------|-----------------|-------|-------------|
| STUDENT NAME | | GRADE | BIRTH DATE: |
| Student #1: | ☐ Male ☐ Female | | |
| Student #2 | ☐ Male ☐ Female | | |
| Student #3 | ☐ Male ☐ Female | | |
| Student #4 | ☐ Male ☐ Female | | |

| PARENT/GUARDIAN INFORMATION | | | |
|-----------------------------|---------|----------------------|-------------|
| Name: | Home Ph | one: | Cell Phone: |
| | | | |
| CURRENT ADDRESS INFORMATION | | | |
| Street Address: | | City/State/Zip Code: | |
| | | | |

| PREVIOUS ADDRESS INFORMATION | |
|------------------------------|----------------------|
| Street Address: | City/State/Zip Code: |
| | |
| PREVIOUS SCHOOL INFORMATION | |
| Previous School Name of: | City/State/Zip Code: |
| Student #1: | |
| | |
| Student #2: | |
| Student #3: | |
| | |
| Student #4: | |

| 1. | Do you currently own/lease a | a property | in Egg Harbor City? | 🛛 Yes | 🗆 No |
|----|------------------------------|------------|---------------------|-------|------|
| | If yes, please indicate: | 🛛 Own | Lease | | |

If you answered YES, you may stop here and sign below. If you answered NO to the above question, please continue to Page 2.

Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code, and enrollment of a child under false documents subjects the person to liability for tuition or other costs. TEC 25.002(3)(d).

Parent/Guardian Signature:

Date:

ENROLLMENT RESIDENCY QUESTIONNAIRE – page 2

| 2. Is your current address a temporary living arrangement? □ Yes □ No If you answered YES, continue to Question #3. If you answered NO: Are you residing with someone who owns their own home and has completed an affidavit? □ Yes □ No OR Has the landlord of a leased property completed an affidavit? □ Yes □ No |
|--|
| 3. Is this living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No Please indicate the student's current living situation: ☐ In a hotel/motel ☐ In transitional housing ☐ In a shelter ☐ In a shelter ☐ In a tent, car, van, abandoned building, campground, park, or other unsheltered location |
| 4. Was proof of residency established at your previous address? ☐ Yes ☐ No If YES, please indicate: ☐ Own ☐ Lease If NO, was this a temporary living arrangement? ☐ Yes ☐ No Was this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No Resided at this address: from to to Please indicate the student's living situation at this address: ☐ In a hotel/motel ☐ In transitional housing ☐ In a shelter ☐ In a tent, car, van, abandoned building, campground, park, or other unsheltered location |
| 5. If residency was not established at previous address, please indicate address where residency was last established: Street Address: City/State/Zip Code: |
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| Parent/Guardian Signature: Date: I, |
| I,, have been consulted regarding preferred school placement options.* Prefer to attend school in the district of last residence Prefer to attend the district in which we are currently residing Initial: Date: |
| I, |
| I, |
| I, |