

# Ramapo Indian Hills Regional High School District Residency Information Sheet

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Is the student's legal parent/guardian name(s) on the deed, mortgage, or lease? Yes No

Move in Date? \_\_\_\_\_ How long do you plan to live at this residence? \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long did you reside at the previous address? \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Siblings of student's name(s):

School & Grade (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer ALL of the following questions:**

- Is this student's home address a temporary living arrangement? Yes No
- Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
- Is this student in temporary or emergency foster care placement? Yes No
- Is the student not living with a parent or legal guardian? Yes No

**1. Where is this student currently living? (check box)**

- With more than one family in a house or apartment
- Temporary/emergency foster home
- In a motel/hotel- Name of motel/hotel: \_\_\_\_\_
- In a shelter- Name of shelter: \_\_\_\_\_
- Transitional Housing- Name of transitional housing: \_\_\_\_\_
- Group Home- Name of group home: \_\_\_\_\_
- Moving from place to place or a location not designed for sleeping accommodations (ex. car, park, or campsite)

**Please check off all types of transportation accessible to the family.** Car Bus Train Other \_\_\_\_\_

**2. With whom does the student currently live: (check box and/or circle where necessary)**

- Both parents One parent- *Mother/ Father* Which Parent(s) has legal custody? *Mother/Father*
- A relative- Specify which (e.g. grandmother) \_\_\_\_\_
- Friends or other adults- please identify \_\_\_\_\_
- An adult who is not a parent or legal guardian- please identify \_\_\_\_\_

**3. Describe the current living situation in detail (Ex. What circumstances lead you to this current residence?):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Any possibility of violence or abuse in home?  Yes  No

If so, describe and include the school's actions and any other agencies involved: \_\_\_\_\_

5. In your child's previous school, did he/she receive any of the following? (check all that apply)

My child did not receive any of the following services.

Special Education (I.E.P.) /Exceptional Children's Services- Describe: \_\_\_\_\_

504 Accommodation Plan- Describe: \_\_\_\_\_

English As a Second Language (ESL) services

Help for Behavior Improvement

Tutoring Services

Academically or Intellectually Gifted services

Counseling services

Other

6. At this time, what is the greatest need for your child? (check all that apply)

School supplies

Referral for food assistance

School uniform or clothing: Size(s) \_\_\_\_\_

Medical referral/immunizations

Help for academic improvement

Mental health/counseling referral

Help for behavior improvement

Other- Please describe: \_\_\_\_\_

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district and (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other district staff members for a legitimate educational purpose. (4) My signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow the district staff to conduct screenings as a part of the district's McKinney-Vento program. (5) I also understand that I must notify the district school district of any changes as soon as they occur.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Or Unaccompanied Youth)

**Below to be completed by the district's McKinney-Vento Liaison**

STUDENT \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ IEP  YES  NO

STUDENT IS PRESENTLY: ( ) DOUBLED UP ( ) IN A MOTEL/HOTEL ( ) IN A SHELTER ( ) KNOWN TO DCP&P

PRESENT LOCATION: \_\_\_\_\_ AS OF: \_\_\_\_\_

LAST PERMANENT PLACE OF RESIDENCY: \_\_\_\_\_ AS OF: \_\_\_\_\_

DISTRICT OF RESPONSIBILITY (D.O.R.): \_\_\_\_\_

STATEMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Distributed McKinney-Vento Rights and additional information to parent/ guardian

ELIGIBLE UNDER MC KINNEY-VENTO ( ) YES ( ) NO ( ) \_\_\_\_\_

NOTIFICATION SENT TO:  SCHOOL -  B.A. -  DIR. OF S.S. -  SCHOOL LUNCH COORD. -  D.O.R. Date: \_\_\_\_\_

McKinney-Vento District Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_