Bellingham Public Schools
a collective commitment

1306 Dupont Street
Bellingham, Washington 98225
(360) 676-6400
bellinghamschools.org

Student Housing Questionnaire

Please use one form per family. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

NAME OF STUDENT: _____ _____ _____
FIRST MIDDLE LAST

NAME OF SCHOOL: _____ **GRADE:** _____ **BIRTH DATE:** ____/____/____ **AGE:** _____
MONTH DAY YEAR

OTHER CHILDREN LIVING IN THE HOME:

Name: _____ **School:** _____
Name: _____ **School:** _____
Name: _____ **School:** _____

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. **Is this student's home address a temporary living arrangement, other than rental?** ☐ Yes ☐ No
2. **Is this a temporary living arrangement due to a loss of housing or economic hardship?** ☐ Yes ☐ No
3. **Is this student in a temporary foster care placement or awaiting foster care?** ☐ Yes ☐ No
4. **As a student, are you living with someone other than your parent or legal guardian?** ☐ Yes ☐ No

If you answered YES to **any** of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- ☐ **In a motel**
- ☐ **In a shelter**
- ☐ **With more than one family in a house or apartment**
- ☐ **Moving from place to place**
- ☐ **In a location not designed for sleeping accommodations such as a car, park or campsite**
- ☐ **Transitional housing (through community agency)**
- ☐ **"Awaiting" Foster Care**

ADDRESS OF CURRENT RESIDENCE: _____
(OR)
NAME OF MOTEL /SHELTER OF CURRENT RESIDENCE: _____
(OR)
NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ **NAME OF CONTACT:** _____

Print name of parent(s)/legal guardians(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____ **Date:** _____
(Or unaccompanied youth)

For School Staff Only: Forward questionnaire to Homeless Support Coordinator or fax to 647-6898