Ashe County Schools Student Residency Survey 2024

This questionnaire is in compliance with the McKinney-Vento Homeless Education Act. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student's First and Middle Name:	Student's Last Name:		
Mother's First Name:	Mother's Last Name:		
Father's First Name:	Father's Last Name:		
	City:		
Phone/Pager/Cell Number(s):			
School Student Attends:Ashe County High School	Ashe County Middle School Mountain View ElementaryWestwood Elementary		
Current Grade: Date of Birth (month/day/	Tountain view Elementarywestwood Elementary		
(School Personnel Complete) Student's PowerSchool Number:			
(School I ersonner complete) student's I owerschool Number.			
Legal Names of Brothers and Sisters (full name):	(month/day/year)		
	Date of Birth: Age:		
	Date of Birth: Age:		
Please complete if the student lives with a guardian othe Guardian's First Name: Guardian'			
Relationship to Student:			
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Please check any of the following that describe your livin	g conditions at this time. You may choose more than one:		
House, mobile home, or apartment with parent or guard			
Motel, car, park, campsite, or other area not designed for			
Place that is not permanent, regular, safe, or adequate ni			
Domestic Violence Shelter or other temporary communi			
Shared housing at the home of friends or family member	s (other than or in addition to Parent/Guardian)		
If you are living in shared housing, please check all of the			
	Loss of employment		
	Parent/Guardian deployed with the military		
	Living with boyfriend/girlfriend		
	Other (Please explain.)		
Awaiting foster care placement			
If you are living in shared housing, for how long has this	oeen your situation?		
Are you a student under the age of 18 and living apart from your parents or guardian? Yes No			
Residency and	l Education Rights		
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Students without fixed, regular, and adequate living situation	s have the following rights:		
1) Immediate enrollment in the school they last attende	ed if feasible or the local school where they are currently staying		
	ly required at the time of enrollment without fear of being		
separated or treated differently due to their housing			
2) Transportation to the school of origin for the regular			
	ograms, and transportation to extra-curricular activities to the		
same extent that it is offered to other students.	·0 · ·,· · · · · · · · · · · · · · · · ·		
	McKinney-Vento Liaison at 336-246-7175 or the State Homeless		
Help Line at 1-336-315-7400.	, , , , , , , , , , , , , , , , , , ,		
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By signing below, I acknowledge that I have received and unc	erstand the above rights.		
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Signature of Parent/Guardian/Unaccompanied Youth	Date		

For School Office Use Only

Student Identified As:	Services Provided	
Student with Disabilities	Tutoring or other instructional support	
Limited English Proficient	Expedited Evaluation	
Student with 504	Staff Professional Development and Awareness	
Foster Child	Referrals for medical, dental and other health services	
Unaccompanied Youth	Transportation	
Title One	Pre-K	
Referral to Homeless Liaison	Assistance w/participation in school programs	
	Before-school, After-school, Mentoring, Summer Programs	
	Parent education related to rights and resources for children	
	Coordination between schools and agencies	
	Counseling	
	Addressing needs related to domestic violence	
	Clothing to meet a school requirement	
	School supplies	
	Referral to other programs and services	
	Emergency assistance related to school attendance	
	Home visit conducted	
	Family Facilitator Contacted (when child enters/leaves)	
	School Nurse	
	Food Bags or Snack Sacks	
	Other services	
Notes:		
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School review completed by:		
Signature of School Personnel		Date
Homeless Liaison review completed by:		

For School Staff Only: Please forward questionnaire to Homeless Liaison for Ashe County Schools, 320 South Street. Jefferson, NC.

Date

Signature of Homeless Liaison