



Morrice High School
 691 Purdy Lane
 Morrice, MI 48857
 (517)625-3143 FAX (517)625-8935

*Home of the
 Orioles*

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help us determine residency documents necessary for enrollment of your child.

1. Presently, where is the student living? *Check one box*

Section A	Section B
<input type="checkbox"/> Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Victim Shelter <input type="checkbox"/> Awaiting Foster Care Placement/Temporary Foster Care <input type="checkbox"/> Doubled-Up (living with another family) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Unsheltered <input type="checkbox"/> Other _____	<input type="checkbox"/> Choices in Section A do not apply

2. The Student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent and another adult | <input type="checkbox"/> an adult that is not the parent or legal guardian |

Current School: _____ Grade: _____

Name of Student: _____ Male Female

Birth Date: _____ Age: _____
 (Month/Day/Year)

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ Phone: _____
 City State Zip

Signature of Parent/Legal Guardian: _____ Date: _____

For School Use Only

Forward to:

- Homeless Liaison
- Central Office
- File Only

Processed by _____ (please sign)

If the parent has checked Section B above, please keep on file for one year in your building. For any choices in Section A, a copy of this form must be submitted to **Barb Ryan or Linda Broomfield**, Homeless Liaisons, and the Central Administration Office immediately upon receipt. All buildings must keep original form(s) separately from the student's permanent file for audit purposes during the year.