DOVER AREA SCHOOL DISTRICT



A world-class, student-focused community of learners

ADMINISTRATION BUILDING, 101 EDGEWAY RD, DOVER, PENNSYLVANIA 17315 PHONE (717) 292-3671 FAX (717) 292-9659

www.doversd.org

TRACY KRUM Superintendent DR. PATRICIA MALONEY Assistant Superintendent

MRS. JENNIFER BENKO Business Manager

STUDENT RESIDENCY QUESTIONNAIRE

Name of Current School						
Name of Last School Attended						
Name of Student						
Last			Firs	t	Middle	e
Sex: Male D.O.	B/ Month Day		-	e G	rade: (preschool-12)	
Female					(1	(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,
 residency information help de 1. Is your current address 2. Is this temporary living If you answered YES to the all If you answered NO, you may 	a temporary livi g arrangement du bove questions, j	ing arrang ie to loss	gement?	Yes g or economi	No c hardship? Y	'esNo
Parent/Guardian Name:						
Current Address: Street			_ Pho	ne #:		
City, State,	Zip					
Ethnicity: African Amo	erican	Hispanic				
Asian		Native A	merican			
Caucasian		Other				
Enrolled in school?	Yes No					
Please list siblings or other child			,			
Name	Student No.	Grade	Age	School (if no	ot enrolled, please	indicate)

"An Equal Rights and Opportunity School District"

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Student's living situation:

Shelter	Doubled Up(1)		Temporary Placement(4)	
Unsheltered(2)	Motel/Hotel		Migrant	
Unaccompanied	Transitional		Other:	
Youth(3)	Housing			
(1) Sharing the housing of other persons due to loss of housing, economic hardship, or similar				
reason				
(2)	(2) Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned			
hospital, or other location not ordinarily used as sleeping accommodations				
(3) Unaccompanied youth not living with a parent or guardian				
(4) Child temporarily placed with relative or guardian				

Precipitating Event:

Eviction	Abandonment	Parent/Guardian Incarceration
Fire	Death of Paren/Guardian	Parent/Guardian Hospitalized
Natural Disaster	Domestic Violence	Other:

Date student became homeless:

Please check the following services that are needed or desired:

Free breakfast/lunch	Tutoring or other instructional support
Transportation	After-school programs
Clothing/Uniform	Evaluation
School supplies	Special Education Services
Counseling	EL Services
Medical/dental/vision referrals	Community Resources
Referrals to Early Childhood Programs	Emergency Assistance (food, shelter, etc.)
Coordination of Services	Other:

Missing enrollment records		
Birth certificate	Prior academic records	
Immunization/medical records	Guardianship issues	
IEP/504 Plan	Other:	

Parent/Guardian/Unaccompanied Youth Signature:

Student name:_

*I affirm that the residency information provided herein is true and accurate.

*I have been advised of my child's rights and my rights under the McKinney-Vento Federal Homeless Assistance Act

Signature		Date		
Any person making a false statement regarding residency will be in violation of section 42 U.S.C §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.				
Name of LEA Representative:	/Title:	Date:		

Name of LEA Representative:	/ 11tte:	Date:
Email Address:	Phone#:	

Comments/Changes
