

# Jack Anderson Elementary

	Preferred Name	Grade	Date of Birth
Student Last	First/Middle		
Address		City/Zip Code	

**Parent Information:**

Father/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

( ) Primary Residential Parent ( ) Child Lives at This Address

**Emergency Contacts:**  
**Persons (over 18) Who Have Permission to Sign Out/Transport Your Child If You Cannot Be Reached. Parents Must Notify the Office in Writing If Information Changes.**

Name: _____	Relationship: _____	Primary Phone Number: _____

**Custody Information**  
**Court documents must be provided EACH YEAR to restrict access to a parent or guardian.**

<b>Custody: (please circle)</b> Mother _____ Father _____ Both _____ Other: _____	<b>If Applicable (Please Answer Yes or No)</b> Custody Papers On File in Office?: _____ Non Custodial Parent May Pick Up From School?: _____ Non Custodial Parent May Attend School Functions & Join Child for Lunch?: _____
<b>Visitation Restrictions: (If Applicable)</b> Please List Any Person(s) with Whom Your Child Should <u>NEVER</u> Be Allowed Contact. You Must Provide a Valid No-Contact Order for Us to Deny Contact w/Non-Custodial Parent. Name: _____ Relationship: _____ Name: _____ Relationship: _____	

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand the student's assignment to a school is based on the legal residence of the primary custodian.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Car: a.m. _____ p.m. _____ both _____	Bus #: _____ a.m. _____ p.m. _____ both: _____	Does your child have an IEP? _____ Yes _____ No _____
Jags: a.m. _____ p.m. _____ both: _____	Daycare: _____ a.m. _____ p.m. _____ both _____	Does your child have a 504 Plan? _____ Yes _____ No _____



Student Name \_\_\_\_\_

Last, First & Middle

## STUDENT RESIDENCY QUESTIONNAIRE



The information requested on this form fulfills one requirement of the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as the Title X, Part C, of the No Child Left Behind Act. The answers you give will help determine the services your student may be eligible to receive. **No student(s) will be discriminated against based upon any of this confidential information provided.**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M or F Ethnicity: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Current Street Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Complete Section A... IF you are living in a TEMPORARY RESIDENCE.** If you have a **PERMANENT residence** (such as a house, an apartment, or a condo), please **only** complete **Section C** below.

### Section A.

1. Is the student living in a temporary place such as: motel/hotel, car, camper, emergency shelter, friend's house, relative's house? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Was the student forced into a temporary place due to loss of housing from eviction, foreclosure, financial hardship, domestic violence, fire or natural disaster, death or incarceration of parent/guardian, or other crisis situation? YES \_\_\_\_\_ NO \_\_\_\_\_

If either question above is answered Yes, please explain further: \_\_\_\_\_

If you answered **Yes to BOTH QUESTIONS** in **Section A**, please **complete Section B** below. **Otherwise**, you may **skip to Section C** below and **sign** the form.

### Section B. Please check the box that best describes where the student is presently living:

- In the home/apartment of a friend or relative (sharing someone else's home because you have nowhere else to live)
- In a shelter or transitional housing program (examples: family shelter, domestic violence shelter, youth shelter, etc.)
- In a hotel or motel because of economic hardship, eviction, foreclosure, fire, lack of deposits for permanent housing, etc.
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or at another unsheltered location
- Moving from place to place

**Check the box that best describes with whom the student resides.** (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

Parent(s)  Legal Guardian(s)  Caregiver(s) who are not legal guardian(s) (example: relatives, friends, parent of friends, etc.)

Other, please specify: \_\_\_\_\_

Is this student awaiting foster care placement? If so, please explain: \_\_\_\_\_

Please list all student(s) and their age(s) of this family under your care: \_\_\_\_\_

**Section C.** I understand that the information provided above is correct, true and current. I also understand that enrolling a child in a Tennessee public school under false pretense is punishable by law.

\_\_\_\_\_  
Signature of Parent/Guardian or Other Person completing form

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

S.I.T. -- Students In Transition: If both sections A & B are completed, proceed with completion of the Enrollment FORMS and enroll the student even if documents normally required for enrollment are not available. Then, file all completed forms and send the