



SYRACUSE CITY SCHOOL DISTRICT

Department of Student Registration
Anthony Q. Davis, Superintendent of Schools

McKinney–Vento Act Notice Housing Questionnaire PreK-12

| STUDENT INFORMATION | | | | |
|----------------------|----|--|--------------------|--|
| Last Name | | First Name | | Middle Name |
| | | | | |
| Current School | | | District of Origin | Grade |
| | | | | |
| Student ID# | | DOB | | Gender |
| | | | | Male Female Other |
| New PHYSICAL Address | | | Mailing Address | |
| | | | | |
| Yes | No | Parent, Guardian, Unaccompanied Student Name | | Phone |
| | | Is the entire family at the new PHYSICAL address? | | |
| | | Have you notified the school of siblings? | | Date Transportation Notified |
| | | Is the current address a temporary living arrangement? | | |
| | | If YES, is this due to loss of housing or economic hardship? | | *Student automatically qualifies for Free School Meals |

| HOUSING: Where is the student currently living? (Please check one box). |
|---|
| Shelter (S) |
| Doubled-up (D) With another family or other person because of a loss of housing, economic hardship or similar reason (also called temporarily living) |
| Hotel or motel (H) |
| Other Temporary Living Situation (O) In a car, park, bus, train station, campsite, or public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings |
| Permanent Housing (P) |
| CPS Direct Placement |
| Respite (Please select which below) <i>Family Support Center (960 Salt Springs Road)</i> <i>Child and Adolescent Crisis Respite (650 Madison Street)</i> |
| If the student is NOT living in Permanent Housing (P), please also indicate if the below applies: |
| Unaccompanied youth (U) Any age, not accompanied by a guardian |

| SIBLINGS: Are all siblings at same address? | | Yes | No |
|---|--------------------------|------------------|--------------------------|
| 1 | Sibling Name | | |
| | School | School Notified? | Yes No |
| | Current Physical Address | | |
| | Same Address? | Yes No | Permanent Temporary |
| 2 | Sibling Name | | |
| | School | School Notified? | Yes No |
| | Current Physical Address | | |
| | Same Address? | Yes No | Permanent Temporary |
| 3 | Sibling Name | | |
| | School | School Notified? | Yes No |
| | Current Physical Address | | |
| | Same Address? | Yes No | Permanent Temporary |
| 4 | Sibling Name | | |
| | School | School Notified? | Yes No |
| | Current Physical Address | | |
| | Same Address? | Yes No | Permanent Temporary |

SCHOOL AND AGENCY STAFF: Email this form and STAC 202 to Registration@scsd.us and cc: jmilana@scsd.us

Name (Person Completing this Form): _____ Date: _____

Agency: _____ Phone: _____