

**CLAIRTON CITY SCHOOL DISTRICT**  
**5. Student Residence Questionnaire**

Dear Parent or Guardian:

Your responses to these questions will help staff determine the residency documents necessary for enrollment of your child(ren). Thank you for your cooperation.

1. Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Person completing form: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. In what type of setting is the student living now? (check (1) box below in A **or** B)

SECTION A		SECTION B	
<input type="checkbox"/>	In an emergency or transitional shelter	<input type="checkbox"/>	None of the choices in Section A. apply.    <b>If you checked this section, you do not need to complete the remainder of this form.</b>  Submit the form to school personnel now.
<input type="checkbox"/>	Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason		
<input type="checkbox"/>	In a motel, hotel, campsite or car due to a lack of alternative adequate accommodations		
<input type="checkbox"/>	In a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting		
<input type="checkbox"/>	Other place not designed for, or ordinarily used as a regular sleeping accommodation for human beings		
↓	CONTINUE on to Question 3 if you checked any box in this section.		

3. Contact number for person completing the form: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address where student is now living: \_\_\_\_\_  
 \_\_\_\_\_

*Turn form over*

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4. The student lives with: *(Check all that apply)*

- Parent(s) or legal guardian
- Relative, friend(s), or other adult(s)
- Alone
- Other: \_\_\_\_\_

5. School student attended last: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number of School: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact person at school (if known): \_\_\_\_\_

6. Does the student have an IEP, DART (Kindergarten), GIEP or a 504 agreement?

- NO
- YES. Please explain: \_\_\_\_\_

The staff person who is helping you register will contact the School Social Worker to review the information provided. If homelessness is verified, additional information will be needed to complete enrollment. The School Social Worker will contact you by the end of the next school day (or sooner) to share the determination regarding residence status, to gather additional information and to discuss the plans for placement.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**NOTE TO STAFF: All forms with a checked box in Section A are to be sent *immediately* to the School Social Worker to eliminate any delay.**