_Troup County School System
Student Residency/Language Questionnaire

Name of School_____

Name of Student_____ Sex: ☐ Male
Last First Middle ☐ Female

Birth Date _____/_____/_____ Age: _____ Social Security: _____
Month / Day / Year

Address_____ Zip_____ Phone_____

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

What language(s) did the student first learn to speak? _____

What language(s) does the student speak at home? _____

What language(s) does the student speak most often? _____

Has student received ESOL instruction before? _____
If yes: School System_____ School_____

This portion of the questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

If you answered YES to questions 1 and 2, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living*? (Check one box.)*

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

How long has the student been living at the above location? _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Guardian_____ **Date**_____

1/10/2012