



**\*\*The answers to the following questions will help determine services the student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. All information is confidential.**

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|--|-----------|----------|
| 1. Is the student's home address a temporary living arrangement?                     | Yes _____ | No _____ |
| 2. Is this temporary living arrangement due to loss of housing or economic hardship? | Yes _____ | No _____ |
| 3. Is the student living with someone other than a parent or legal guardian?         | Yes _____ | No _____ |

**If you answered YES to ANY of the questions listed above, please complete the next section:**

Where is the student currently living?

- \_\_\_\_\_ In a motel or shelter
- \_\_\_\_\_ Moving from place to place
- \_\_\_\_\_ With more than one family in a house, apartment, or trailer or a group home
- \_\_\_\_\_ In a house, apartment or trailer that lacks electricity, heat, or water
- \_\_\_\_\_ In a placed not designed for ordinary sleeping accommodations such as a car, park, campsite

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT I AM THE PARENT/LEGAL GUARDIAN OF THIS STUDENT.**

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SIGNATURE	DATE	RELATIONSHIP TO STUDENT
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**Parents Right-To-Know**

Parents may request, and we will provide in a timely manner, information regarding the professional qualification of the student's classroom teachers including, at a minimum, the following:

- If the teacher has met State qualifications and licensing criteria for grade levels and subject areas in which the teacher provides instruction.
- Whether the teacher is teaching under an emergency or other provisional status through which the State qualification or licensing criteria have been waived.
- The baccalaureate degree major of the teacher and any graduate degree certification or degree held by the teacher, and the field of discipline of certification or degree.
- Whether the child is provided services by a paraprofessionals and, if so, their qualifications.

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Date of Entry \_\_\_\_\_ Entry Code \_\_\_\_\_ Grade Level \_\_\_\_\_ Date Entered in System \_\_\_\_\_  
(Admin. initials)

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\*\*Please send a copy to Melanie Larson if either of the three questions above is answered with a YES.