

Minisink Valley Central School District

P.O. Box 217 – Route 6 – Slate Hill, New York 10973-0217

Telephone: (845) 355-5110

Living Arrangements of Child Form

*This is a federally required form for all new registrants.

Date: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: ____
Female Month Day Year (preschool-12)

Address: _____ Phone #: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act.

Where is the student currently living? (Please check **one** box.)

- In Permanent housing
 - In a shelter
 - With another family member or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
 - In a hotel/motel
 - In a car, park, bus, train, or campsite
 - Other temporary living situation (Please describe):
- _____

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)