

SCHOOL DISTRICT OF WAUPACA

Your children have rights under the McKinney-Vento Act. The purpose of this survey is to ensure these rights.
See "If Homelessness Happens To You" brochure.

1. Your name _____ Telephone (____) _____

2. Please list the students who live with you. (Name and grade)

_____	_____
_____	_____
_____	_____

3. Are you sharing a friend or relative's home or apartment due to financial reasons?

Yes _____ No _____

4. Do you live in a motel, hotel, or campground due to financial reasons?

Yes _____ No _____

5. Are you being evicted from your place of residence?

Yes _____ No _____

6. Do you live in your car, truck, camper, or on the street?

Yes _____ No _____

7. Are you living away from your parent/guardian if you are enrolling yourself?

Yes _____ No _____

8. Does the child you are enrolling live with a relative/guardian and not a parent? Does this person need financial resources? (example: foster parent, grandparent or aunt/uncle)

Yes _____ No _____

9. Do you want the School Social Worker to contact you with area resources?

Yes _____ No _____

*** Please return completed form to your child's teacher or school office. ***