The Metropolitan School District of Wayne Township

Phone: (317) 988-8600 Fax: (317) 243-5744 www.wayne.k12.in.us Education Center 1220 South High School Road Indianapolis, Indiana 46241



MSD Way	ne Township McKinney-Vent	o Residency Form	
Student Name: Date of Birth:		f Birth:	
Grade Level:	School:		
Please indicate one of the follow	ing statements if your family is e	xperiencing temporary homelessness:	
Living in a shelter, inclue	ling transitional housing shelters.	Please provide name of shelter and address:	
0	the streets, abandoned buildings, in cars, trailers, campgrounds, public places, and ot fit for habitationPlease provide information regarding area in which student is living:		
Living in hotels/motels for hotel/motel:	or lack of other suitable housing - I	Please list name and address of	
financial conditions. Ple	v living with family or friends due t ase provide address of where stude	nt is living:	
Please answer the following if	you indicated one of the four	situations above:	
How long do you expect to be a	at this address?	Are you seeking permanent housing?	
Date student moved to this add	ress:		
Is a parent living in the home w	ith the student?		
If no, with whom is the student	is the student living? Relationship:		
Parent/Guardian Phone Number	er:		
We have read the information pro Act:	vided & indicated our living circun	nstances above specific to the McKinney-Vento	
Parent/Guardian/Unaccom	panied Youth Signature	Date	
Office Use Only:			
Does Qualify McKinney-Ve		Does NOT Qualify	

Date