FIELD LOCAL SCHOOLS
RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student's Name(s)	Date of Birth	Age	Grade
_____	___/___/_____	_____	_____
_____	___/___/_____	_____	_____
_____	___/___/_____	_____	_____

Parent/Guardian Name(s): _____

Address:_____
                Street Address   City

Phone: _____   Additional Phone: _____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement?   ☐ Yes ☐ No

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

3. Is this student in temporary or emergency foster care placement?   ☐ Yes ☐ No

4. As a student, are you living with someone other than your parent or legal guardian?   ☐ Yes ☐ No

If you answered **YES** to any of the above questions, please complete the remainder of this form. Residency Affidavit is **NOT** required.

If you answered **NO** to all the above questions, you may stop here. **Residency Affidavit is required**. Please complete the last two pages and provide proofs of residency – must be notarized.

1. When did you lose permanent housing?_____

2. Last permanent address: _____
                             Street Address   City

3. Where is this student currently living? (check box)

☐ In a motel/hotel. Name of motel/hotel: _____

☐ In a shelter. Name of shelter: _____

☐ Transitional Housing. Name of transitional housing: _____

☐ Group Home. Name of group home: _____

☐ Temporary/emergency foster home   ☐ With more than one family in a house or apartment

☐ Moving from place to place   ☐ In a location not designed for sleeping accommodations such as a car, park or campsite.

4. Are you safe where you are staying? ☐ Yes ☐ No

5. Have you contacted Homeless Hotline and/or are you on any housing waiting list? ☐ Yes ☐ No

6. With whom does the student currently live: (check box)

☐ Both Parents

☐ One Parent (mark which one)　　　　　　　　☐ Mother ☐ Father

☐ One parent and another adult (mark which parent)　　☐ Mother ☐ Father

☐ A relative (specify which i.e., grandmother) _____

☐ Friends or other adults (please identify) _____

☐ An adult who is not a parent or legal guardian (please identify) _____

7. At this time, what is the greatest need for your child? (Check all that apply)

☐ School Supplies　　☐ Help for behavior improvement　　☐ Medical referral/immunizations　　☐ Transportation

☐ School Clothing　　☐ Referral for food assistance　　☐ Mental Health/counseling referral　　☐ Help with academics

☐ Other – please describe: _____

Are you a student under the age of 18 and living apart from your parents or guardians?　☐ Yes　☐ No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:
1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day.
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at (330)673-2659 or the State Coordinator at (614)-387-7725.

By signing below, I acknowledge that I have received and understand the above rights.

_____
Signature of Parent/Guardian/Unattached Youth　　　　　　　　　*Date*

_____
Signature of McKinney-Vento Liaison　　　　　　　　　*Date*

Office Use Only - Food Services contacted _____
　　　　　　　　　　　　　　　　　　　　Date

Transportation Contacted _____　Home District _____
　　　　　　　　Date

Field Local Schools - Residency Affidavit
To be completed by Homeowner/Lessee (Page 1 of 2)

STATE OF OHIO   )
)SS
COUNTY OF_____   )

_____, being duly sworn, did personally appear and state before me, a
Notary Public, in and for said County and State, that he/she is the:

☐ Owner ☐ Lessee   ☐ Purchaser pursuant to a land contract ☐ Other:_____

Of the real property located at:

_____
Street Address   *City*   *State*   *Zip Code*

Said affiant also stated that_____and his/her
children/legal wards have made the above real property their legal residence.

***It is understood that for the purpose of this document the term "legal residence" means that residence where
the parent/guardian in question, and their children/legal wards eat their meals and sleep on a regular basis,
receive their mail, and if applicable where the parent(s) are registered to vote.***

*According to Ohio Tuition Law, the resident of a school district who permits a non-resident student to reside with them can be
held responsible for paying all tuition due during the time the student resides in their home. It is understood that
fraudulent reporting of residency for school attendance purposes is a violation of state law and could result in prosecution of
all related parties in a court of law. Further, as a resident of the Field Local School District, I understand I can be held
personally liable for any and all tuition obligations for all days of fraudulent attendance left unpaid by the custodial/
biological parent.*

Signature of Affiant

Phone:_____

SWORN TO ME AND SIGNED THIS_____**DAY OF**_____**, 20**_____

_____

NOTARY PUBLIC

(Notary Seal)

HOMEOWNER MUST ATTACH TWO (2) CURRENT PROOFS OF RESIDENCY
*(Current Utility bill. mortgage statement. rental/lease/purchase agreement. voter registration card or any government -issued document
dated within 30 days of filling out form)*

Field Local Schools - Residency Affidavit
To be completed by Parent/Guardian (Page 2 of 2)

STATE OF OHIO)

)SS

COUNTY OF _____)

_____, being duly sworn, did personally appear and state before me, a
Notary Public, in and for said County and State, that his/her "legal residence" (address) and that of his/her children
is:

_____

  Street Address   *City*   *State*   *Zip Code*

It is understood that for the purpose of this document the term "legal residence" means that residence where the parent/guardian in question, and their children/legal wards eat their meals and sleep on a regular basis, receive their mail, and if applicable where the parent(s) are registered to vote.

Should this address of residence change, I understand that my child may no longer be eligible to attend school within the Field Local School District. I promise to notify the school immediately if my residency changes. I also understand that if in fact the stated information is not true, and in fact my child does not meet the residency requirements as defined by the State of Ohio, I will be responsible for paying tuition from the date of enrollment.

Signature of Affiant

Phone: _____

SWORN TO ME AND SIGNED THIS _____ **DAY OF** _____, 20_____

_____

NOTARY PUBLIC

(Notary Seal)

PARENT/GUARDIAN **MUST PROVIDE TWO (2) PROOFS OF RESIDENCY NOW OR WITHIN 30 DAYS**

(Current Utility bill. rental/lease agreement. voter registration card or any government -issued document, any bill, bank statement, paystub showing name and current address dated within 30 days of filling out form. Junk mail cannot be accepted)