

Ubly Community Schools

2020 Union Street Ubly, MI 48475 Phone: 989-658-8202 • Fax: 989-658-2361 Website: www.ublyschools.org

STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

School		G	rade					
Student	t's Name		Male	Female				
Date of Birth (month/day/year)				Age				
Parent(s)/Legal Guardian(s) Na	me						
Addres	s							
City/St	ate/Zip							
Telepho	one #	Cell Phone #	Pager #					
1.	Where is the student liv	ing now? (please chec	k <u>one</u> box)					
	[] in a shelter [] in a motel or hotel [] with more than one family in a house or apartment [] in a car [] in a trailer park of campsite [] with friends/family members (other than parent/guardia [] Foster Placement [] temporary housing () None of the Above							
	form. Please sign below	w and return a copy of	this form to Ubly C	omplete the remainder of community Schools, Attn for fax it to 989-658-207	<i>l</i> :			
2.	Does the living arrange hardship? [] Yes	ment checked in Ques	tion 1 result from a l	loss of housing or econor	mic			
3.	The student lives with	[] a relative, friend(s),	parents [] 1 pa or other adults [] alon the parent or the legal gu	ne with no adults				
Parent	/Legal Guardian's Sigr	nature	:	Date				
	return a copy of this form 475, Attn: Janice Brand			Street, Ubly,				
	FOR SCHOOL USE ON	NLY			1			
	[] Student not covered by [] Student covered by M		[] Follow-up requir	red .				
	Name and telephone num situation:	ber of a contact person at the	he student's school who	may know of the family's				
	Date received	a 20 a						

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School				Grade			
Student	t's Name		Male	Female			
Date of Birth (month/day/year)				Age			
Parent(s)/Legal Guardian(s)	Name					
Addres	s						
City/Sta	ate/Zip			3,711,30			
Telepho	one #	Cell Phone #	Pager #				
1.	Where is the student	living now? (please ch	eck one box)				
	[] in a car []	in a motel or hotel in a trailer park of campsite temporary housing	[] with friends/family r	family in a house or apart nembers (other than pare	tment :nt/guardian)		
	form. Please sign be	ox "none of the above," elow and return a copy unselor, 2020 Union St	of this form to <i>Ubly</i>	Community Schools	s, Attn:		
2.	Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship? [] Yes [] No [] Unsure						
3.	The student lives wi		2 parents [] 1 s), or other adults [] a t the parent or the legal s	lone with no adults			
Parent/	Legal Guardian's S	ignature		Date			
		form to <i>Ubly Comunity</i> andel, or fax to 989-658		n Street, Ubly,			
	FOR SCHOOL USE	ONLY		E ESTABLISMENT OF THE STATE OF			
		ed by McKinney-Vento Act y McKinney-Vento Act	[] Follow-up req	uired			
		number of a contact person a			y's		
	Date received						