



Terrell County High School

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Douglas Bell, Principal

Home of the
"Greenwaves"

STUDENT HOUSING QUESTIONNAIRE 2015-2016

Terrell County School System

P.O. Box 151, 761 1st Avenue, Dawson, GA 39842

Please use one form per student. Return with school registration packet.

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____

Age: _____ Sex: Male Female

The answers to the following questions can help determine the services this student may be eligible to receive under the *McKinney-Vento Act 42 U.S.C. 11435*.

Circle your response.

- | | | |
|--|-----|----|
| 1. Is this student's home address a temporary living arrangement? | Yes | No |
| 2. Is this a temporary living arrangement due to a loss of housing or economic hardship? | Yes | No |
| 3. Is this student awaiting 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.
If you answered **NO** to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- ◇ Temporarily with another family because we cannot afford or find affordable housing.
- ◇ With an adult that is not a parent or legal guardian, or alone without an adult.
- ◇ In a hotel/motel.
- ◇ In a vehicle of any kind, RV park or campground, abandoned building or substandard housing.
- ◇ In an emergency/transitional shelter.
- ◇ Other

ADDRESS OF CURRENT RESIDENCE: _____

(OR)

NAME OF MOTEL/HOTEL/SHELTER OF CURRENT RESIDENCE: _____

(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent/legal guardian: _____ Date: _____

(Or unaccompanied youth)

Signature of parent/legal guardian: _____ Date: _____

(Or unaccompanied youth)