## STUDENT RESIDENCY IDENTIFICATION/ELIGIBILITY (SRIE) FORM

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

Building/Grade:		Date:	
Name of person completing this for	m:	Relationship to student:	
Student's Name:		Male/Female Birth date:	
(PLEASE PRINT)			
	owing situations? (Please check all that	apply)	
	g of other persons due to:		
	nousing, economic hardship rm, cooperative living arrangement to sa	ve money	
Other (ex	xplain):		
In emergency or tra	nnsitional shelter (explain):		
	ic place, abandoned building, substar nilar setting.(explain):	ndard housing, bus/ train station, motel, l	notel,
Unaccompanied vo	uth (not in physical custody of parent		
	com (mor mi projectom emeteory or partern	, Barar ararr)	
Living in foster care	e: How long:		
Living in foster care  None of the above	e: How long:		
Living in foster care None of the above.	e: How long:		
None of the above.  If none of the ab	oove is checked –STOP! Do not com	• •	
None of the above.  If none of the ab	oove is checked –STOP! Do not com ed, additional information is needed	. Please complete the remainder of this	form.
None of the above.  If none of the ab  If any of the boxes are check	ove is checked –STOP! Do not comed, additional information is needed All information will remain co	Please complete the remainder of this onfidential.	form.
None of the above.  If none of the ab  If any of the boxes are check  2. How long living at this location?	ove is checked –STOP! Do not comed, additional information is needed All information will remain co	. Please complete the remainder of this onfidential.	form.
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None of the above.  If none of the ab  If any of the boxes are check  2. How long living at this location?  Address/City/State/Zip Phone number(s):  Please list preschool and school age Name:  Name:  School Use Only - Building Contact Per	ed, additional information is needed All information will remain co	Please complete the remainder of this onfidential.  I address:  School:  School:  School:  School:	
None of the above.  If none of the ab  If any of the boxes are check  2. How long living at this location?  Address/City/State/Zip Phone number(s):  Please list preschool and school age Name:  Name:  School Use Only - Building Contact Per	ed, additional information is needed All information will remain content and children currently living at this address Birth date:  Birth date:  Birth date:  Birth date:  Birth date:  Assistance Act due to the lack of Fixed, Act	Please complete the remainder of this onfidential.  I address:  School:  School:  School:  School:	