

# POLK COUNTY SCHOOL BOARD

## 2017-2018 Student Residency Questionnaire

Dear Parent/Guardian,

This survey is not required; however, **completion will enable the district to assist in identifying any benefits and opportunities to which you may be entitled or for which you may be eligible.** It is intended to address the requirements of the No Child Left Behind Act: Title X, Part C (McKinney-Vento Act).

**1.) Please circle YES or NO**

Is your current address a temporary living situation due to **loss of housing or economic hardship**? YES / NO

If you circled **YES** above, please circle the length of time at your current residence. 0-1 Year / 1-2 Years / 3-4 Years / 5+ Years

**2.) Presently, are you and/or your family in any of the following situations?** Check one box.

- Living in an emergency or transitional shelter (Circle one: George Harris Youth Shelter, Lake Wales Care Center, Lighthouse Ministries, Peace River Center, Salvation Army LKLD, Salvation Army WH, The Way, Women’s Care Center)
- Had to move in with another family/friend **due to loss of housing and/or economic hardship**, etc. *Do not mark if you are providing housing to others.*
- Living in a car, park, campground, public space, abandoned building, substandard housing or similar setting.
- Temporarily living in a motel or hotel **due to loss of housing, economic hardship** or similar reason. Name of motel \_\_\_\_\_
- Unknown nighttime residence.

**Unaccompanied Youth - not in the physical custody of a parent or guardian:** Check box below and one box above.

- Student is with an adult that is not a parent or legal guardian, or alone without an adult.

**STOP STOP** If you did **NOT** check any of the boxes in Section 2, or circle **YES** in Section 1, you may stop. Please, **DO NOT** return this survey. **STOP STOP**

**3.) Cause for temporary housing / family displaced because:** Check one Box.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Mortgage Foreclosure   | <input type="checkbox"/> Eviction – Own Place      | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Unemployment   | <input type="checkbox"/> Eviction – Shared Housing | <input type="checkbox"/> Man-made Disaster |
| <input type="checkbox"/> Fire   | <input type="checkbox"/> Other _____               |  |
| <input type="checkbox"/> Natural Disaster (Circle One: earthquake, flooding, hurricane, tropical storm, tornado, wild fire, other). |  |  |

**3.) Unaccompanied Youth:**

- Had to leave house / Locked out of house
- Parent Incarcerated
- Parent Deceased
- Other \_\_\_\_\_

**If your children are eligible, they have the following rights:**

- Immediate enrollment into school
- School stability – continue in same school attended before loss of housing or last school attended (school of origin), if in the student’s best interest and feasible
- Transportation – to remain at the “school of origin,” if over 2 miles
- Free lunch

**For more information call Hearth Services: (863)534-0801**

**Hearth Services:**

- Assistance with enrollment (disputes, missing documents, guardianship, school of origin)
- Assistance with bus transportation to school of origin
- Assistance with school supplies / hygiene packs (when available)

Please, contact your child’s school for information on services the school offers.

**For other services call the Community Service Directory at 2-1-1**

Directions to school staff - Return to: Hearth Project – District Office, Route E or fax 863-534-0210. For students with a positive response in the 1<sup>st</sup> and 2<sup>nd</sup> sections (any box checked or YES circled), **by federal law, the student must be enrolled in classes immediately, regardless of missing enrollment paperwork.**

**\*\*Parent/Guardian/Caretaker – Please complete the information on the back to receive possible assistance\*\***



If you checked any boxes on the front page, please **print very clearly** in the following sections, completing **one form per family** (not per student). If you are living with another family or friend, do not include their children. In order to possibly receive our services, you must fill out all student information **completely** and return to child's school.

Please list <b>ONLY</b> children that are living in the situation checked in Section 2 on the front page that are attending Polk County Schools (PK – 12 <sup>th</sup> grade) or Adult School:									
School	Student ID#	Grade	Student First Name	Student Last Name	First Name Initial	Birth Date	Sex	Race	Hispanic / Latino
							M / F		YES / NO
							M / F		YES / NO
							M / F		YES / NO
							M / F		YES / NO
							M / F		YES / NO
							M / F		YES / NO
							M / F		YES / NO

**RACE:**    **A** – Asian    **AI/AN** – American Indian/Alaskan Native    **B/AA** – Black/African American    **NH/PI** – Native Hawaiian/Pacific Islander    **W** – White

<p><b>Contact Information:</b>  Parent / Guardian / Caretaker Name (Print): _____ Telephone: _____  Street Address: _____ Mailing Address: _____</p>
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\*I attest that the information contained on this form is correct to the best of my knowledge.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

<p>By signing below, I hereby give permission to the Polk County School Board's Hearth Project to share the following information with the Homeless Coalition of Polk County for statistical purposes in helping to secure funding for homeless services in Polk County. <b>I understand that I am not required to grant permission for this purpose, but chose to do so to assist as mentioned:</b></p> <p style="text-align: center;"><i>First initial, last name, date of birth, race, sex, ethnicity, and housing situation for each student listed above AND  First initial, last name, date of birth, race, sex, ethnicity, veteran's status, and housing situation <u>for myself</u>.</i></p>	
<p>_____  Signature of parent/guardian</p>	<p>_____  Date</p>
<p>Parent/Guardian Information:  Date of Birth: ____/____/____      Race: ____      Sex: M / F      Hispanic: YES / NO      Veteran: YES / NO</p>	

**Hearth Staff Only.** Date Received:

<b>School Staff Only:</b> (Circle)    SS    BB    HP    E
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Revised 03/28/17

The School District of Polk County does not discriminate on the basis of race, color, national origin, gender, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boy Scouts of America Equal Access Act. Questions, complaints, or requests for additional information regarding discrimination or harassment may be sent to: Equity & Compliance Analyst, P.O. Box 391, Bartow, Fl. 33831; (863) 534-0513 or (863) 534-0781.