HEATH CITY SCHOOL DISTRICT SHARED RESIDENCY FORM

USE THIS FORM IF YOU CAN NOT PROVIDE PROOF OF RESIDENCY IN YOUR NAME BECAUSE YOU ARE CURRENTLY LIVING WITH FAMILY OR FRIENDS THAT LIVE IN THE HEATH CITY SCHOOL DISTRICT.

PLEASE NOTE, 2 FORMS OF PROOF OF RESIDENCY ARE REQUIRED. ONCE THIS FORM IS COMPLETED, THE 2 PROOFS OF RESIDENCY MAY BE IN THE NAME OF THE PERSON WITH WHOM YOU ARE RESIDING.

Verify current address by providing 2 proofs of residency from the following list:	Student(s) Name(s) Building Grade
(a) Parent/Guardian Name(s)	
(b) Name of person with whom you are residing Relationship to the person with whom you are residing Are you residing with the above person(s) due to () loss (c) Address where you are residing:	
(d) Residency Affidavit – to be completed by person listed in (b) I certify by providing proof of residency as listed above that I am the owner or tenant of the dwelling located at the address listed in (c). I further certify that the persons listed above in (a) actually reside at this dwelling and do not maintain a separate residence. I certify that the about information is true and accurate and acknowledge that the Heath City School District may use any legal means to verify my address. I realize that should any of the above statements be false, I may be liable for any penalties for which the law provides. I further acknowledge that this certification is valid for the current school year.	(e) Oath of Residency – to be completed by parent/guardian registering the student I, the parent/guardian of the student(s) listed above hereby certify that I have established residency, on a full-time basis, in the Heath City School district and am not maintaining a separate residence. I am aware that the Heath City School District may use any legal means necessary to verity that I am living at the address stated in (c) and acknowledge that if any of the above statements are false, I am liable for any penalties that the law may provide. Further, if any of this information is false or if I move out of the district, my student(s) will be withdrawn immediately.
Signature of Owner/Tenant Date	Signature of Parent/Guardian Date
Print Name of Owner/Tenant and Phone Number	Print Name of Parent/Guardian and Phone Number
Sworn to and subscribed before me	Sworn to and subscribed before me
Notary Public	Notary Public
This day of, 20	This day of
Commission Expires:	Commission Expires:

HEATH CITY SCHOOLS

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student	Parent/Guardian
School Grade	Phone
Age Grade	Date of Birth
Address Is this address to	City
Zip Is this address	s temporary or permanent? (Circle one)
Please choose which of the following situation:	s the student currently resides in (you can choose more than
one):	
Housing or apartment with parent or gua	ardian
Motel, car or campsite	
Shelter or other temporary housing	
With friends or family members (other than or in addition to parent/guardian)	
If you are living in shared housing, please checl	k all of the following reasons that apply:
Loss of housing	,
Economic situation	
Temporarily waiting for house or apartm	nent
Provide care for a family member	
Living with boyfriend/girlfriend	
Loss of employment	
Parent/Guardian is deployed	
Other (Please explain)	
Are you a student under the age of 19 and hyin	g apart from your parents or guardians? Yes No
	AND EDUCATIONAL RIGHTS
Students without fixed, regular and adequate li	
1. Immediate enrollment in the school the	ey last attended or the local school where they are currently
staying even if they do not have all the o	documents normally required at the time of enrollment withou
fear of being separated or treated differ	
2. Transportation to the school of origin fo	
3. Access to free meals, Title I and other ed	ducational programs, and transportation to extra-curricular
activities to the same extent that is offer	
Any questions about these rights can be directe	ed to the local McKinney-Vento Liaison, Kelly Holbrook, 740-
238-7100, or the State Coordinator, Ms. Susann	ah Wayland at (614) 387-7725.
By signing below, I acknowledge that I have reco	eive and understand the above rights.
	h Date
Signature of McKinney-Vento Liaison	Date

Date