



Instructional Services and Technology

300 South Robinson Street
Tehachapi, CA 93561

Phone: (661) 822-2100
Fax: (661) 822-2265

STUDENT INFORMATION QUESTIONNAIRE

Please complete and return to your school office.

School: _____

Student Name: _____ D.O.B.: ____/____/____ Age: ____
Month Day Year

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone/ _____

Signature of Parent/Guardian _____ Date _____

The answers to the following help determine services this student may be eligible for under AB 854.

Presently, is the student in the following situation?

- in permanent foster care with an active case number: _____
- in a group home
- not applicable

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.

Presently, where is the student living? *Please complete either section A or B.*

<p>Section A:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Doubled up, sharing housing with other families <input type="checkbox"/> in a motel, hotel, or campsite <input type="checkbox"/> in a location not designed for sleeping such as a car, park, or substandard housing <input type="checkbox"/> with friends or family members (other than parent/guardian) <input type="checkbox"/> lives alone, unaccompanied minor <input type="checkbox"/> awaiting foster care placement <p>Is your current address a temporary living arrangement? ____ Yes ____ No Is this temporary living arrangement due to a loss of housing or economic hardship? ____ Yes ____ No</p>
<p>Section B:</p> <ul style="list-style-type: none"> <input type="checkbox"/> in a single family permanent residence (house, apartment, condo, mobile home)

<p>School Use Only</p> <p>Please submit this form to the District Office Liaison for review.</p> <p>_____</p> <p>Date _____ McKinney-Vento Liaison Signature</p> <p>I certify this student is eligible for services under the provisions of the McKinney-Vento Act or AB854.</p>
