



The two questions below are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services that you or your child may be eligible to receive.

1. Is your current address a temporary living arrangement?  Yes  No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

**\*If you answered YES to the above questions, please complete a McKinney-Vento Act Residency Questionnaire.**

Please indicate services previously/currently provided to your child, including the number of years that the services were provided:

\_\_\_\_\_ Speech/Language      \_\_\_\_\_ Special Education      \_\_\_\_\_ OT/PT      \_\_\_\_\_ English as a Second Language  
\_\_\_\_\_ Psychological/  
Counseling      \_\_\_\_\_ Gifted/Talented      \_\_\_\_\_ Math Support      \_\_\_\_\_ Reading Support

Does your child currently have an IEP?  Yes  No      Does your child currently have a 504 Plan?  Yes  No

*\*If you suspect that your child has an educational disability, please contact Lisa Miori-Dinneen, Asst. Supt. for Special Services at (315) 692-1203 or [ldinneen@fmschools.org](mailto:ldinneen@fmschools.org)*

**Student Information (optional):**

Was your child born in the United States? \_\_\_\_\_ If no, what is the immigration date to the United States? \_\_\_\_\_

Current Citizenship Status?  U.S. Citizen  Dual National  Non Resident Alien  Resident Alien  Other

Are you/your spouse/your child a migratory worker?  Yes  No

How many years has your child attended a United States school? \_\_\_\_\_

Is ENGLISH the primary language spoken in the home?  Yes  No

*\*If you answered no, please complete the NYS Home Language Questionnaire.*

If no, what is the primary language spoken in the home? \_\_\_\_\_

**Ethnicity/Race:**

Is your child Hispanic, Latino, or of Spanish origin?  Yes  No

(Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.)

Please select one or more races from the following racial groups that apply to your child (please select at least one):

\_\_\_\_\_ American Indian/Alaskan Native      \_\_\_\_\_ Asian      \_\_\_\_\_ Black or African-American  
\_\_\_\_\_ Native Hawaiian/ Other Pacific Islander      \_\_\_\_\_ White

Any additional information which will help us to understand your child: \_\_\_\_\_  
\_\_\_\_\_

**I understand that statements made in this form will be relied upon by the Fayetteville-Manlius School District. I swear/affirm that these statements are true under the penalty of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. \_\_\_\_\_ (Initial here please)**

Please call (315) 692-1234 with any questions regarding documentation, proof of residency, or guardianship/custody.

**FOR OFFICE USE ONLY:**

- Birth Certificate/Passport
- Immunization Records
- Proof of Residency - *TWO FORMS REQUIRED*
  - Valid NYS Driver's License
  - Statement of Sale
  - Utility Bill, Credit Card bill, Insurance bill, etc.
- Voter Registration/ Income Tax Return
- Rental Agreement
- Other \_\_\_\_\_

School assignment:      **ER**      **FE**      **MR**      **EH**      **WW**      **HS**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_