

## **Fairview Park City School District**

21620 Mastick Rd., Fairview Park, OH 44126 P: (440) 331-5500  $\bullet$  F: (440) 356-3545 Keith Ahearn, Superintendent  $\bullet$  Rob Showalter, Treasurer

## McKinney-Vento Residency Form

Studer	nt Name			
Date o	Oate of Birth Last School Attended and Grade Level			
Studer	nt is an Unaccompanied Youth	– Please Circle YES	NO	
	Please list all of <u>Y</u>	<u>'OUR</u> preschool and	school-aged children	
Name:		Birth Date:	School:	
			School:	
			School:	
	Residency information help de check one of the following state.  Living in an emergency or transit Please provide name of shelter:  Living on the streets, abandoned not-fit for habitation—Please production.	tements if your family it tional housing shelters.  It buildings, in cars, trailed wide information regarding of other suitable housing —	Act 42 U.S.C. 11435. The answers to this student may be eligible to receive.  is experiencing temporary homelessness:  ers, campgrounds, public places, and housing area in which student is living:	
Parent	/Guardian Name:			
Phone Number:		Email	Email	
Addres	s of Current Residence:			
Date Student moved to this address:		Is a parent li	Is a parent living in the home with the student?	
If no, w	with whom is the student living wit	h?	Relationship:	
Studen	check all that apply for the folt is in need of transportation	In need of cloth	ning items	
Lacks a	academic records/documents	In need of scho	In need of school supplies	



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Help with fees for schools activities, such as field trips, class activities, s	ports, band, choir, etc.
List the activities and items needed	
Signature of Parent/Legal Guardian/Unaccompanied Youth	Date

If a false claim is made about your living situation, enrollment may be affected.

Please notify the school if your living status changes.

Questions - Please Janice Price, Homeless Liaison - <u>iprice@fairview.k12.oh.us</u> or call (440) 331-5500