

Street Address

PLAINVIEW PUBLIC SCHOOLS

Student Enrollment Questionnaire

First and Last Name of Student	Date of Birth	Grade	Scho	ool Name	
		1			
Your child may be eligible for addition		•	X, Part C M	IcKinney-Vento Assi	stance A
Eligibility can be determined by comp	leting this questionna	aire.			
Where are you and yo	our family currently	living? Please	check one	of the boxes below	v.
Section A					
☐ Rent/own my own home or apa	rtment				
STOP: If you checked the box that y	ou rent/own your ov				
page, sign the form, and then submi		I. If you do not re	ent/own you	ur own home or	
apartment, please continue to the ne	ext section.				
☐ Temporarily with another family m	ember or friend until	we can locate at	fordable h	ousing	
☐ In an emergency or transitional sh	elter			3	
☐ In a vehicle, park, campground, or					
☐ In a house, building, or trailer WIT☐ In a hotel or motel	HOUT running wate	r or electricity			
☐ With an adult that is not a parent of	or legal guardian				
☐ Alone or in different locations, with		as a caregiver			
☐ Wherever I can find a place to sta		,			
☐ Other Please Explain:					
·					
f you checked a box in section B, in the	he space below plea	se list all childrer	n currently	iving with you who a	ttend Pla
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f you checked a box in section B, in the Public Schools. First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name	
f you checked a box in section B, in the Public Schools. First and Last Name of Student Would you like to be contacted by an	Male or Female	Date of Birth	Grade	School Name	
f you checked a box in section B, in the Public Schools. First and Last Name of Student Would you like to be contacted by an available to your child?	Male or Female employee of the sch	Date of Birth	Grade	School Name	
f you checked a box in section B, in the Public Schools. First and Last Name of Student Would you like to be contacted by an available to your child?	Male or Female employee of the sch	Date of Birth	Grade	School Name	
If you checked a box in section B, in the Public Schools.	Male or Female employee of the sch	Date of Birth Date of Birth ool to discuss ad	Grade ditional edurate.	School Name School Name	at may be
Would you like to be contacted by an available to your child? The undersigned certifies that the info (Print) Parent/Guardian or Adult Carin	employee of the sch	Date of Birth ool to discuss ad correct and accus	ditional edu	School Name	at may be
Would you like to be contacted by an available to your child? The undersigned certifies that the info	employee of the sch	Date of Birth ool to discuss ad correct and accus	ditional edu	School Name	at may t

City

Phone Number:_____Email Address:____

State

Zip