



The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

School: _____ School Year: 20____/20____ Date: _____

1. Presently, are you and/or your family living in any of the following situations: (mark one only)

^ Permanent Housing: My name is on the mortgage, lease, or rental agreement of my house/apartment. No other family shares this space. (**If you mark thdm (**)Tj .001 TE>0.5 <20>0.5 <4E.5 (<4x,0.5 <4>0.56 (p001 TEI0.5 <4ease) Tc -0.

(Street) (Apt #) (City) (Zip)

Correspondence may be sent to:

(Street) (Apt #) (City) (Zip)

The undersigned parent/guardian certifies that the information provided above is correct and over 10.5 (). /TT5 1 Tf 11.04 0 0 11.04 469.2 99

(Signature)

(Date)