



**Allegheny Valley School District**  
**300 Pearl Avenue**  
**Cheswick, PA 15024**  
**724-274-5300**

**STUDENT RESIDENCY QUESTIONNAIRE**



Dear Parent or Guardian:

Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren). Thank you for your cooperation.

1. Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Person completing form \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2. In what type of setting is the student living now? (Check ONE box below)

<b>SECTION A</b>	<b>SECTION B</b>
<input type="checkbox"/> In an emergency or transitional shelter  <input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason  <input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings  <input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings  <input type="checkbox"/> Living without running water, heat, or electric service  CONTINUE to Question 3 if you checked any box in SECTION A 	<input type="checkbox"/> None of the choices in Section A apply.  If you checked this section, you <b>DO NOT</b> need to complete the remainder of this form. Submit the form to school personnel now.  

3. Contact number for person completing this form \_\_\_\_\_

Address where **STUDENT** is now living \_\_\_\_\_

4. The **STUDENT** lives with: (**check all that apply**)

- Parent(s) or legal guardian
- Relative, friend(s), or other adult(s)
- Along
- Other: \_\_\_\_\_

5. School **STUDENT** attended last: \_\_\_\_\_

Address of school \_\_\_\_\_

Telephone number of school \_\_\_\_\_

Contact person at school (if known) \_\_\_\_\_

6. Does the student have an IEP, GIEP, or Chapter 15/504 Agreement?

NO

YES

If yes, please explain: \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_