



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)

SECTION A	SECTION 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 DO NOT 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 _____