Harrisville Central School Student Residency Questionnaire

District Liaison: <u>Lis</u>	a Mitchell						
Name of School: Ha	rrisville Central Sc	<u>hool</u>					
Name of Student:	ast	First		Middle	Gender:	□ Male □ Female	
Birth Date:	/ / th Day Year	Age:	Grade:	: Preschool – 12)	School Year:		
Address:				Phone:			
Siblings: Name		I	OOB	Age	<u>Grade</u>		
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3.		· · · · · · · · · · · · · · · · · · ·			- MANAGES		
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5.			**************************************				
6.		***************************************		**************************************		***************************************	
receive under the Mentitled to immedias proof of resident protected under the	ate enrollment in s lency, school recor	chool ever ds, immu	n if they don' nization reco	t have the docu rds, or birth ce	ments normally rtificate. Studen	needed, such	
Where is the stude	ent currently livi	ng? (Plea	se check <u>one</u>	box.)			
(sometimes r □ In a hotel/r □ In a car, pa	ner family or other preferred to as "doub	led-up") mpsite		f housing or as a	result of econom	ic hardship	
□ In permano	ent housing						
Print name of Parent, of Student (for unaccompa)	-		rent, Guardian, or ecompanied homele	ess youth)	
Date							