

# Northwestern Community Unit School District #2

Unit Office: (217) 436-2210  
Elementary: (217) 436-2442

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## STUDENT NIGHTTIME RESIDENCY QUESTIONNAIRE

PLEASE FILL OUT THE FOLLOWING FORM TO THE BEST OF YOUR ABILITY.

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_

Gender: Male or Female Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### WHERE IS THE STUDENT CURRENTLY LIVING?

IN A SHELTER  
WITH ANOTHER FAMILY MEMBER OR ANOTHER PEERON DUE TO LOSS OF  
HOUSING AS A RESULT OF ECONOMIC HARDSHIP (DOUBLED UP)  
IN A HOTEL/MOTEL  
IN A CAR, PARK, BUS, TRAIN OR CAMPSITE  
OTHER TEMPORARY LIVING SITUATION PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
IN PERMANENT HOUSING  
CHILD IS CURRENTLY UNDER THE CARE OF DCFS AND/OR IN FOSTER CARE

\_\_\_\_\_  
PARENT OR GUARDIAN (PRINT)

\_\_\_\_\_  
PARENT OR GUARDIAN (SIGNATURE)

\*\*\*PLEASE NOTE THAT THE INFORMATION PROVIDED MAY BE USED TO HELP OFFICIALS  
IN DETERMINING SERVICES THAT YOUR STUDENT MAY BE ABLE TO RECEIVE UNDER  
THE MCKINNEY-VENTO ACT. FOR MORE INFORMATION PLEASE CONTACT SARAH  
CRAWFORD, SCHOOL NURSE AND LIAISON 217-436-2442 EXT. 1205.