



Office of Superintendent
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McKinney-Vento Act Residency Affidavit

(Please print or type)

1. My name is: _____
I am currently staying at this address:
Street _____
City/State: _____ Zip Code: _____
I get my mail at: _____
Phone Number where I can be reached: _____ Work Number: _____
If staying at a shelter, list name and phone number of Agency Contact: _____
2. I am the parent/legal guardian of (Child's Name): _____
 • Date of Birth _____ Grade Level: _____
The child's current school is: _____
3. Please check one:
 - I wish to have my child continue in his/her current school for the remainder of the _____ school year.
 - I wish to enroll my child at the new school for the address at which I am currently staying.
 - New attendance zone school: _____
 - I wish to have my child attend the designated receiving school at the next grade level.
 - School: _____
4. I meet the requirements as detailed in the McKinney-Vento Act because (Check one):
 - My child and I live with a friend, relative, or someone else because we lost our home, economic hardship, or similar reason.
 - My child and I are staying in a hotel, motel, or campground due to lack of adequate alternative accommodations.
 - My child and I are living in an emergency shelter, transitional shelter, or domestic violence shelter.
 - My child and I have primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings (vehicle of any kind, park, abandoned building, similar setting).
 - I, the student, live with a friend, relative, or someone else because I am a runaway child or have been abandoned or denied housing by my parent/legal guardian. (Unaccompanied Youth)
 - Other (Please Specify): _____
5. I understand that this affidavit pertains to the child's placement in Accomack County Public Schools only for the _____ school year.
6. I have received documentation of my rights per the McKinney-Vento Act. (Initial Here): _____

7. I understand that if the information in this affidavit is false, the child may be removed from the school. The district will give you notice of an opportunity to appeal the removal in accordance with the district policy. I UNDERSTAND THAT IF I HAVE PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I MAY BE FOUND GUILTY OF A CLASS 4 MISDEMEANOR AND MAY HAVE TO PAY ACCOMACK COUNTY PUBLIC SCHOOLS AN AMOUNT EQUAL TO THE COST OF EDUCATING THE CHILD DURING THE PERIOD OF ENROLLMENT AND/OR FACE OTHER PENALTIES.

Parent Signature: _____ Date: _____

8. Section to be completed by person(s) the student is residing with (if applicable):

I hereby attest that the above mentioned person(s) are residing in my residence. I also understand that it is a Class 4 Misdemeanor to falsify residency information for the purpose of a child attending school. I also understand that by law the Office of Student Services and Department of Social Services have to be notified when a homeless student enrolls in school.

Printed Name: _____

Signature: _____ Date: _____

Notary Information

State of Virginia
Accomack County

I, _____, a Notary Public of the county and state aforesaid, certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp or seal, this _____ day of _____, 20 _____.
_____, Notary Public

My Commission Expires: _____

(Place Notary Seal Here)

If no notary public is available in the school office or if parent has no photo identification, a member of the office administrative team should witness the parent's signing on line 7 and then sign on the following line as a witness to the signature.

Witnessed by (Signature) _____ Date: _____

Once completed, school staff should immediately enroll the student.
As soon as the student is enrolled, fax or send a copy of this form to:
Rhonda Hall, McKinney-Vento Liaison
23296 Courthouse Ave.
Accomac, VA 23301