



**Gallia County Local Schools**  
**STUDENT RESIDENCY QUESTIONNAIRE**

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Guardian/Adult Caregiver for student (s) \_\_\_\_\_ Relationship \_\_\_\_\_

If Adult Caregiver IS NOT Legal Guardian, name (s) of Legal Guardian \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

\*Is the student(s) current address a TEMPORARY living situation Y \_\_\_\_\_ N \_\_\_\_\_  
(Parent DOES NOT own or rent own residence) Due to loss of housing or financial hardship Y \_\_\_\_\_ N \_\_\_\_\_

\*If you answered YES to either of the above questions, complete the remainder of this form  
**If you answered NO to both \* questions, skip to MILITARY HOUSEHOLD STATUS**

Where does the student(s) currently live?  
Camper \_\_\_\_\_ Car, tent, or area not designed for normal sleeping accommodations, etc. \_\_\_\_\_  
Moving from place to place \_\_\_\_\_ Motel/hotel \_\_\_\_\_  
Residence with another family living together/multifamily \_\_\_\_\_  
Name of homeowner/renter \_\_\_\_\_  
Shelter \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date \_\_\_\_\_ Guardian/Adult Caregiver \_\_\_\_\_

This form is intended to address the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11432 et seq.) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Act states specifically that barriers to enrollment must be removed.

**MILITARY HOUSEHOLD STATUS**

Guardian Name \_\_\_\_\_ Guardian Name \_\_\_\_\_

Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Exit Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Branch of Service \_\_\_\_\_

Active Duty \_\_\_ Deployed \_\_\_ Discharged \_\_\_ Inactive \_\_\_ Injured \_\_\_ KIA \_\_\_ Retired \_\_\_ Student Military \_\_\_

This information is being collected for Ohio Department of Education

Please return completed form to school secretary or GCLS County Office-Penny Coon/Sandra Plantz

**REVIEW INITIAL**

**Gallia County Local Schools**  
**ACCEPTABLE USE AND INTERNET SAFETY POLICY**

All students must take responsibility for appropriate and lawful use of internet access. One misuse may jeopardize all student's access. Teachers and other staff will make reasonable efforts to supervise student use of network and access. Upon completion of this permission slip, each student will be given the opportunity to internet access. I understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Policy. Should I commit any violation or in any way misuse my access to the Internet, my access privilege may be revoked and school disciplinary action may be taken against me.

\_\_\_\_\_ I am 18 or older \_\_\_\_\_ I am under 18 \_\_\_\_\_  
Student/User Printed Name

\_\_\_\_\_ / / \_\_\_\_\_  
Student/User Signature Date

**GUARDIAN AGREEMENT**

As a guardian of the above student, I have read, understand, and agree that compliance with the Acceptable Use and Internet Safety Policy must be followed. I also understand that non-compliance will result in access restriction. I accept full responsibility the above named student's internet access.

\_\_\_\_\_ Guardian Printed Name

\_\_\_\_\_ / / \_\_\_\_\_  
Guardian Signature Date

**PHOTOGRAPHY AND VIDEOTAPE RELEASE-NOT CCO APPLICABLE**

Consent is required for student to be included in any picture or videotaping. Identification by student name will only occur in the said school yearbook. The material will not be used for any commercial purposes and no payments will be made to the participants.

\_\_\_\_\_ I am 18 or older \_\_\_\_\_  
Student/User Printed Name

\_\_\_\_\_ / / \_\_\_\_\_  
Student/User Signature Date

I grant permission for my student's to be included in pictures \_\_\_\_\_  
I do not grant permission for my student's to be included in pictures \_\_\_\_\_

\_\_\_\_\_ I am under 18 \_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_ / / \_\_\_\_\_  
Guardian Signature Date