DISTRICT OFFICE
1970c Easton Turnpike
Lake Ariel, Pennsylvania 18436

WESTERN WAYNE
SCHOOL DISTRICT

Enrollment Residency Questionnaire

Student Name: _____

Social Security Number: _____

School: _____

In accordance with Pennsylvania state law (BEC 42 U.S.C. §11201), it is necessary to determine the residence of students entering the school district.

Please indicate if the student resides in any of the following facilities:

- ☐ Hotel/Motel
- ☐ Shelter
- ☐ Transitional housing facility
- ☐ Domestic violence shelter
- ☐ Runaway youth shelter
- ☐ Home for adolescent school-age mothers
- ☐ Family member home out of necessity (grandparent, aunt, uncle, brother, sister, cousin, etc.)
- ☐ Friend's home out of necessity
- ☐ Homeless without residence
- ☐ None of the above situations apply

Parent/Guardian signature: _____ Date: _____

Cc: Homeless Liaison
Social Worker
Principal
Superintendent

Comments:

_____

_____

_____

_____

_____

Telephone: 1.800.321.9973 www.westernwayne.org **Fax: 570.341.1221**

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