

Homeless Education Program

**HOMELESS STUDENT ENROLLMENT INFORMATION
& PLACEMENT REQUEST**

Child's Name <i>(Last, First, MI)</i>	Birthdate:	Grade:
Parent/Guardian Name <i>(Last, First, MI)</i>	Unaccompanied Youth: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Address:		
Telephone Number: <i>(If phone # not available, phone number of someone who can be contacted and their relationship, if any.)</i>		

Information provided on this form is confidential.

1. Homeless Status

a. Do you live in any of these following situations?

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, cannot afford housing, etc.)
- in a motel, hotel, campground, or similar setting due to lack of alternative adequate accommodations
- in emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing shelter or agency
- have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
- in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- none of the above

b. How long do you anticipate living in current location? _____

2. School Most Recently Attended

School Name: _____

School Address: _____

Dates of Attendance: _____ to _____

Grade level when last attended: _____

3. Eligible for any of these educational and school related activities and services?

- Special Education (IDEA) – If yes, please identify disability and special education services previously provided: _____
- English Language Learners (ELL)
- Gifted Education
- Vocational Education
- Other: _____

4. Possible Barriers to Education

- No Birth Certificate
- No Immunizations or Other Medical Records

- No School Records
- Transportation
- School Selection
- Other Issues/Barriers: _____

5. Requested Services and Activities to be Provided by Homeless Student Program

- Obtaining or transferring records necessary for enrollment
- Emergency assistance related to school attendance
- Expedited evaluations
- Transportation
- Clothing to meet a school requirement
- School supplies
- Early childhood program
- Tutoring or other instructional support
- Before/after-school, mentoring, summer programs
- Referrals for medical, dental, or other health services
- Referral to other programs/services
- Assistance with participation in school programs
- Parent education related to rights/resources
- Coordination between schools and agencies
- Counseling
- Addressing needs related to domestic violence
- Staff professional development/awareness
- Other: _____

6. Placement

- a. School placement requested by parent/guardian or unaccompanied youth: _____
- b. Reason(s) for Request: _____
- c. Name of "School of Origin": _____
(School of Origin means the school that the child attended when permanently housed or the school in which the child was last enrolled).
 Enrollment Date: _____
 Has student been withdrawn? Yes No If yes, withdraw date: _____
- d. Distance from:
 Residence to school of origin (miles): _____
 Residence to the school requested (if not school of origin): _____

Parent or Guardian or Unaccompanied Youth's Signature	Date
<i>Children living in homeless situations have certain rights under the McKinney-Vento Homeless Assistance Act under No Child Left Behind. Please contact the Homeless Coordinator with any questions.</i>	