

Homeless Residency Form

Instructions: Fill out both pages of this form for each student/family identified as homeless.

School: _____

Student Name: _____ Enrollment Date: _____

DOB: _____ Gender: _____ Race/Ethnicity: _____ Grade: _____

Student Name: _____ Enrollment Date: _____

DOB: _____ Gender: _____ Race/Ethnicity: _____ Grade: _____

Student Name: _____ Enrollment Date: _____

DOB: _____ Gender: _____ Race/Ethnicity: _____ Grade: _____

Note: Please list any additional students on the back page of the application.

School Staff Member Completing the Request:

Name: _____

Position: _____

Direct Phone: _____ Email Address: _____

The Current Request is: (Check appropriate box)

____ New Request ____ Continuation ____ New Address ____ Cancellation

Parent/Guardian Contact information:

Parent or Guardian Name: _____

Temporary Address: _____

Phone: _____ Alternate Phone: _____ Is Parent a Veteran: _____

Current Living Situation:

- Temporarily sharing a house with another person due to loss of housing, economic hardship, or similar reason
- In a motel, hotel, or campground due to a lack of alternative accommodations
- In an emergency or transitional shelter or hospital
- In Foster Car
- In a living arrangement not described above that is not fixed, regular, and adequate
- Unaccompanied Youth and/or Runaway
- Other _____