

Section 500 – Students
Student Attendance
Homeless Children and Youth

File: 503.09 – E1
HEP Form 1

Homeless Education Program

**HOMELESS STUDENT ENROLLMENT INFORMATION
& PLACEMENT REQUEST**

Child's Name: _____ Birth Date: _____ Grade _____
(Last Name) (First Name) (M.I.)

Parent/Guardian Name _____ Unaccompanied Youth _____
(Last Name) (First Name) (M.I.) ("Yes" or "No")

Current Address _____

Telephone Number: _____
(If phone # not available, phone number of someone who can be contacted and their relationship, if any).

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: _____
(School Name) (City) (State)

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
- Vocational Education
- Other _____

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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? _____
If so, what was the withdraw date? _____
- d. Distance from:
 - i. Residence to the school of origin (miles): _____
 - ii. Residence to the school requested (if not school of origin): _____

Parent or Guardian or Unaccompanied Youth's signature

Date

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.