



RE-ENROLLMENT

Date _____

Student Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Student Cell Phone: _____

Student Home Phone: _____

Parent/Guardian Name: _____

Phone #: _____

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Do you have Children? YES or NO How many _____

Reason for Non-Attendance: _____

Have you attended another school since you left here? Yes No

Student Housing Questionnaire

Full Name of Student: _____ D.O.B. _____

Please answer the following questions. The answers can help determine the services the student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is your home address a temporary living arrangement, other than rental? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is your temporary living arrangement due to a loss of housing or economic hardship? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are you in a temporary foster care placement or awaiting foster care? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are you living with someone other than your parent or legal guardian? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are you living alone as a minor student (s) without an adult (unaccompanied youth) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered YES to any of the above questions, please complete the remainder of the form. If you answered NO to all of the above questions, you may stop here.

Where are you currently living? (Please check box)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Moving from place to place | <input type="checkbox"/> In a Shelter |
| <input type="checkbox"/> With more than one family in a house or apartment | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Transitional Housing (Through Community Agency) | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> In a location not designed for sleeping accommodations (park, car, campsite) | <input type="checkbox"/> Motel |

Address of current residence: _____

Print Name of Parent(s) / Legal guardian(s): _____

Signature of parent/legal guardian: _____