

Scott County Schools
Homeless Enrollment Form

Student's Name: _____ ID# _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Parent/Guardian Name(s): _____

Phone number(s): _____

Address: _____

Current School: _____

Siblings of student enrolled in Scott County Schools:

| Name | School |
|-------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Is this student in temporary or emergency foster care placement? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If the answer is "Yes" to any of the above questions, the student may be eligible for homeless assistance.
If the answer is "NO" to all of the above questions, the student does not meet the definition for homeless.

1. Where is this student currently living? _____

2. With whom does the student currently live and relation to student (if any)? _____

3. Describe the current living situation: _____

7. At your previous school, did you receive any of the following? *(check all that apply)*

- Special Education/Exceptional Children's Services
- English As a Second Language (ESL) services
- Tutoring Services
- Academically or Intellectually Gifted services
- Counseling services

8. At this time, what is the greatest need for this student? _____

Homeless Liaison – Scott County Schools

Date

Scott County Schools
Homeless Enrollment Checklist

Checklist for Office Use Only

_____ Informed parent/guardian/unaccompanied youth of their rights and provided homeless youth procedures manual Date: _____

_____ Student entered into EIS as "Homeless" Date: _____

_____ Established transportation to and from school. Date: _____

_____ Gave Verification to Food Service Director Date: _____

_____ Provided school supplies for student. Date: _____

_____ Reviewed temporary housing options with parent/guardian/unaccompanied youth. Date: _____

_____ Connected parent/guardian/unaccompanied youth with food assistance. Date: _____

_____ Connected parent/guardian/unaccompanied youth with clothing assistance. Date: _____

_____ Connected parent/guardian/unaccompanied youth with health services assistance. Date: _____

_____ Student referred to Intervention Team. Date: _____

_____ Student referred to IEP Team. Date: _____

_____ Other: _____ Date: _____

_____ Other: _____ Date: _____