

SCHOOL OF ORIGIN REQUEST FORM

This form should be completed by the school for each homeless child or sibling group seeking enrollment at their school of origin. The school administrator or Homeless Liaison will make the best interest determination for school placement. Contact the Homeless Education Program office at (###) ###-#### with questions.

Date: _____

Name of student(s) (PLEASE PRINT): _____

Birth Date(s): _____ Grade(s): _____

Current living situation: Agency: _____
 Doubled Up (students who are sharing housing due to housing loss, hardship, or similar reason: _____

 Hotel/Motel: _____
 Campground: _____
 Other: _____

Current Address: _____

Name of parent/guardian (PLEASE PRINT): _____

Telephone Number: _____

If not available, phone number of someone who can be contacted and their relationship, if any.

Anticipated length of stay at the above location: _____

Are there known personal safety issues? Yes No

If yes, explain: _____

Is there a need for special instruction? (Special Education or related services) Yes No

If yes, explain: _____

Are there other issues to be considered when determining school selection? Yes No

If yes, explain: _____

School of Origin: _____ **Enrollment Date:** _____

Has student been withdrawn? _____ If so, what was the withdraw date? _____

Time remaining in the school year: _____

Approximate distance in miles to the school of origin: _____

SCHOOL USE ONLY

Best Interest Determination: (Administrator checks one) Fax completed form to Homeless Liaison Office at (###) ###-####

_____ **Request approved** to remain in School of Origin. Is transportation needed? _____

_____ **Request denied.** Student attends local school. Complete Written Notification Form ####.

Signature of Administrator or Homeless Liaison: _____ Date: _____