"Name" Public Schools Student Enrollment Questionnaire

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Student Name:	C 1		Today's D	Pate:
Date of Birth:	Grade:		School:	
Your child may be eligible for additional Assistance Act. Eligibility can be det	ermined by comple	ting this questio	onnaire.	·
Where are you and your family cur	rently living? Plea	ase check one o	f the boxes l	pelow.
Section A Rent/own my own home or apartment STOP: If you checked the box that you r form, and then submit to school personn next section. Section B	ent/own your own ho		4	
☐ Temporarily with another family men☐ In an emergency or transitional shelte☐ In a vehicle, park, campground, or on☐ In a house, building, or trailer WITHO☐ In a hotel or motel☐ With an adult that is not a parent or le☐ Alone or in different locations, withou☐ Wherever I can find a place to stay at☐ Other Please Explain:	r the streets OUT running water o gal guardian it an adult serving as	r electricity	dable housing	
If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.				
First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name
Would you like to be contacted by an en available to your child? □YES The undersigned certifies that the	□NO			·
available to your child?	□NO ne information p	rovided is cor	rect and ac	ccurate.
available to your child?	□NO ne information paing for the Student:	rovided is cor	rect and ac	ecurate.
available to your child?	□NO ne information paing for the Student:	rovided is cor	rect and ac	ecurate.