

☐ **Need Transportation**

Leon County Schools
Student Residency Form
CONFIDENTIAL



Student Name: _____ Birthdate: _____ School: _____

Do not complete if you currently have permanent residency.

Instructions for school personnel:

The individual providing enrollment and/or student residency information must be provided the opportunity to complete this form when:

- Either of the family in transition identifier questions on the Student Registration Form is answered "yes" and/or
- Other information is received that indicates that a student's residency situation may meet the definition of living in transition

If the student is not accompanied by a parent/guardian, the Caregiver Authorization Form may be used in addition to this form to request additional information from the individual who is primarily responsible for the student.

Instructions for individual completing this form:

The information you provide will be used to determine if the student is living in transition. These students have unique enrollment requirements and rights and may be eligible to receive additional services. This information will be kept confidential.

What is the student's primary nighttime residence? Where does the student usually stay at night?

- ☐ An emergency or transitional shelter, or a FEMA trailer (A) (Name of shelter if applicable: _____)
- ☐ The home of another person/family **due to your loss of housing or economic hardship** (B) (Do not check if you are sharing housing due to personal preference or convenience. Do not check if you are a person providing housing for someone else.)
- ☐ A car, temporary trailer park or campground **due to a lack of alternative adequate accommodations**, parks or public spaces, abandoned buildings, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation, or similar settings (D)
- ☐ A hotel/motel **due to your loss of housing or economic hardship** (E) (Do not check if you are staying in a hotel/motel due to personal preference or convenience.) (Name of hotel/motel and room number if applicable: _____)
- ☐ Other (describe: _____)

What is the primary reason for the student living in transition?

- ☐ Mortgage foreclosure (M)
- ☐ Natural disaster—check one of the following:
- | | | | | | |
|--|------------------------------------|---|--|---|--|
| <input type="checkbox"/> Earthquake
(E) | <input type="checkbox"/> Flood (F) | <input type="checkbox"/> Hurricane
(H) | <input type="checkbox"/> Tropical storm
(S) | <input type="checkbox"/> Tornado
(T) | <input type="checkbox"/> Wildfire/Fire (W) |
|--|------------------------------------|---|--|---|--|
- ☐ Major man-made disaster (D)
- ☐ Other, including lack of affordable housing, long term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction (O)
(describe: _____)

What is your current contact information?

Address: _____

Phone: _____ Alternate Phone: _____ Email: _____

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

For questions regarding this form please contact Alison Davidson or Grayson Hagan at 850-487-7227 or 850-487-7226.

LCS Internal Note: Forward a copy of this form to Alison Davidson by email or by internal district mail (Admin East- Attention To- Alison Davidson). Maintain original forms at the school.