



Leon County Schools
Student Residency Form
CONFIDENTIAL

LCS-9461-1269
Rev. 07/2011

Student Name: Birthdate: School:

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 homeless 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 homelessness

Forward copies of this form and the Student Registration Form to Dr. Pam Hightower, Title X- Special Services (district mail or fax 850-487- 4734). Maintain original forms at the school.

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 experiencing homelessness. 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: )
The student is awaiting foster care placement (F)
Other (describe: )

What is the primary reason for the student's homelessness?

- Mortgage foreclosure (M)
Natural disaster—check one of the following:
Earthquake (E) Flood (F) Hurricane (H) Tropical storm (S) Tornado (T) 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)
Other (describe: )

When did the student's living situation change? When did the student become homeless?

Month/Day/Year

What is your current contact information?

Address:
Phone: Alternate Phone: Email:

Parent/Guardian Signature: Date:

Parent/Guardian Printed Name:

Forward copies of this form and the Student Registration Form to Dr. Pam Hightower, Title X – Special Student Services (district mail or fax 850-487-4734). Maintain original forms at the school.