

Student/Parent Address Form

Legal Name of Student _____
Last
First
Middle
Suffix

Student ID _____

To be completed by families in transition without permanent residence (McKinney-Vento Homeless Assistance Improvements Act)

In a motel/hotel
 In a shelter
 Doubled up (economic hardship)
 Unaccompanied youth (abandoned or runaway)
 Unsheltered (cars, parks, etc.)
 Other

Student Address

Street _____ Apt//Lot _____
 City/County _____ State _____ Zip _____
 Area Code _____ Home Phone _____ Area Code _____ Mobile Phone _____
 Area Code _____ Work Phone _____

Parent / Guardian Signature (The information provided in this registration package is accurate to the best of my knowledge)

_____ **Date** ____/____/____

Natural Mother
(if known)

Last
First
Middle
Suffix
 Street _____ Apt//Lot _____
 City/County _____ State _____ Zip _____
 Area Code _____ Home Phone _____ Area Code _____ Mobile Phone _____
 Area Code _____ Work Phone _____ email address _____

Check all that apply

Contact Allowed
 Educational Rights
 Has Custody
 Lives With
 Mailings Allowed
 Enrolling Parent
 Release To
 Deceased

Natural Father
(if known)

Last
First
Middle
Suffix
 Street _____ Apt//Lot _____
 City _____ State _____ Zip _____
 Area Code _____ Home Phone _____ Area Code _____ Mobile Phone _____
 Area Code _____ Work Phone _____ email address _____

Check all that apply

Contact Allowed
 Educational Rights
 Has Custody
 Lives With
 Mailings Allowed
 Enrolling Parent
 Release To
 Deceased

Office Use

Accepted By: _____ Date: ____/____/____