

## HOMELESS ENROLLMENT FORM

This form is available for download at: <https://sde.ok.gov/federal-programs>



### Sample Student Enrollment Questionnaire

Student Name:	Today's Date:
Date of Birth:	Grade:
School:	

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

**Where are you and your family currently living? Please check one of the boxes below.**

#### Section A

Rent/own my own home or apartment  
**STOP:** If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.

#### Section B

- Doubled up (Living with another family/person due to economic hardship or similar reason.)
- Motel/Hotel: Name of Motel \_\_\_\_\_
- Transitional Housing: Name of Program \_\_\_\_\_
- Family/Youth Shelter: Name of Shelter \_\_\_\_\_
- Unsheltered (Examples: Living in a car, park, or a place without running water or electricity, etc.)
- Unaccompanied Youth (Student not currently residing with a parent or legal guardian.)
- I am currently looking for housing (not economic hardship)
- Other Please Explain: \_\_\_\_\_

Is your current living situation due to economic hardship or lack of alternative housing?     YES     NO

How long do you anticipate living at this location? \_\_\_\_\_

**If you checked a box in section B, in the space below please list all children currently living with you.**

First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child?     YES     NO

*The undersigned certifies that the information provided is correct and accurate.*

(Print) Parent/Guardian or Adult Caring for the Student: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_ Signature: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_