



Enrollment Checklist Career and College Prep

_____ Completed Student Enrollment Form (two pages) and Enrollment Documentation
(Required unless otherwise indicated)

_____ Certified copy of the pupil's birth certificate, or any document approved under
A.R.S. 15-828 (Example Baptismal Certificate, Passport, Arizona Driver License or State ID,
application for a social security number, original school registration records and an affidavit
explaining the inability to provide a copy of the birth certificate, letter from the authorized
representative of an agency having custody of the pupil). Not required to enroll, but must be
submitted within 30 days of enrollment.

_____ Residency Documentation Form/Affidavit (List) (Does not apply to homeless students)

_____ Proof of Residence (Copy of an item from the List) (Does not apply to homeless students)

_____ Home Language Survey (Responses not used to make enrollment decisions)

_____ Documentation Requested **After** Enrollment (**Not Required or Used for Enrollment Purposes**)

_____ Free and Reduced Lunch Eligibility Form (Not used for enrollment)

_____ Immunization Record (Copy) or Exemption Document (Required for attendance)

_____ Withdrawal Form from Previous School (Copy, required for attendance)

_____ Designation of Directory Information

_____ Unofficial Transcript (Copy if available, not used for enrollment)

_____ AIMS, AZMERIT, AzM2, or Stanford scores (Copy if available, not used for enrollment)

_____ Special Education/504 Information Form (If applicable, used for service placement only)

_____ MET, IEP, 504 (Copy if applicable and available, used for service placement only)

_____ Student Residency Questionnaire (if the enrolling student is considered to be homeless
or an unaccompanied youth) and Caregiver's Authorization Affidavit (if applicable)

Starting Classes:

Career and College Prep

Student Enrollment Form



New ☐ Returning ☐ School Year: _____

Entry Code: _____
Entry Date: _____
Date entry posted in SMS: _____
Date: _____ Initials: _____
Withdrawal Code: _____
Withdrawal Date: _____
Date withdrawal posted in SMS: _____
Date: _____ Initials: _____

PLEASE PRINT.

STUDENT INFORMATION:

GRADE _____

GENDER: M ☐ **F** ☐

LEGAL LAST NAME **LEGAL FIRST NAME** **LEGAL MIDDLE NAME**

DATE OF BIRTH: MO. _____ DAY _____ YR. _____ **BIRTH STATE (optional, not used for enrollment decisions):** _____

ADDRESS: _____
STREET **(APT. #)** **CITY** **STATE** **ZIP CODE**

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____
P.O. BOX or STREET # **CITY** **STATE** **ZIP CODE**

HOME PHONE: _____ **MOTHER'S MAIDEN NAME:** _____

STUDENT CELL PHONE: _____ **STUDENT E-MAIL ADDRESS:** _____

MOTHER OR GUARDIAN

STUDENT LIVES WITH: ☐ MOTHER ☐ GUARDIAN ☐ STEP-PARENT ☐ FOSTER PARENT ☐ OTHER _____

LAST NAME **FIRST NAME** ☐ FULL CUSTODY ☐ JOINT CUSTODY

HOME PHONE **CELL PHONE** **WORK PHONE** **EMPLOYER**

ADDRESS (If different from student) _____
MAIL ADDRESS **CITY** **STATE** **ZIP CODE**

EMAIL ADDRESS _____

FATHER OR GUARDIAN

STUDENT LIVES WITH: ☐ FATHER ☐ GUARDIAN ☐ STEP-PARENT ☐ FOSTER PARENT ☐ OTHER _____

LAST NAME **FIRST NAME** ☐ FULL CUSTODY ☐ JOINT CUSTODY

HOME PHONE **CELL PHONE** **WORK PHONE** **EMPLOYER**

ADDRESS (If different from student) _____
MAIL ADDRESS **CITY** **STATE** **ZIP CODE**

EMAIL ADDRESS _____

PLEASE NOTE – Providing the below Ethnicity and Race information is optional and not used to make enrollment decisions.

ETHNICITY / RACE **PART A – Is the Student Hispanic or Latino? – YES** ☐ **NO** ☐ (Choose One Only)

PART B – What is the Students Race (Select one or more) ☐ American Indian / Alaska Native
☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

Has this student ever been expelled? ☐ YES ☐ NO **School** _____

If this student was enrolled in any schools during the current or past school years, list all the schools and enrollment dates below:

Last school attended: _____ **Grade Level:** _____ **School Year:** ____/____

City: _____ **State:** _____

Last school attended: _____ **Grade Level:** _____ **School Year:** ____/____

City: _____ **State:** _____

Last school attended: _____ **Grade Level:** _____ **School Year:** ____/____

City: _____ **State:** _____

Enrollment preference is given to students who meet any of the following criteria. A.R.S. § 15-184(B). Please indicate if any of the following apply to the student that is enrolling:

Previously attended this charter school ☐ Yes ☐ No Date(s) of prior attendance _____

Has a sibling who is already enrolled at the school ☐ Yes ☐ No Name of Sibling _____

Military Student Identification (Not used to make enrollment decisions)

Does the student have at least one parent/guardian who is a member of the Armed Forces on Active Duty? ☐ Yes ☐ No

Does the student have at least one parent/guardian who is a member of the Armed Forces National Guard or Reserve? ☐ Yes ☐ No

EMERGENCY INFORMATION

We request that you complete this form at registration. It will help us ensure that your child receives proper care should he/she become ill or injured at school and is not used to make enrollment decisions. All information will be kept confidential. Please list persons other than parent who may care for the student if the student becomes ill or may transport the sick/injured child from school to doctor. (We cannot release the student to anyone who is not listed below.)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Preferred: _____

Hospital: _____

Doctor: _____ Phone: _____

In case of a serious illness or injury, your son/daughter will be taken to the closest hospital by ambulance, if deemed necessary. Emergency care will be provided there until you can be contacted. (Any expense for emergency transportation and/or treatment shall be the responsibility of the parent/legal guardian.)

COMPLETION OF THE FOLLOWING SECTION IS VOLUNTARY.

Please check the following, if any apply to the student.

<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Tires Easily	<input type="checkbox"/> Frequent sore throats
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Frequent stomach aches
<input type="checkbox"/> Persistent cough	<input type="checkbox"/> Frequent toothache	<input type="checkbox"/> Persistent hoarseness
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent pains in limbs	<input type="checkbox"/> Runny nose
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Seizures/Epilepsy	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Diabetes (Type I or Type II)	<input type="checkbox"/> Orthopedic Problem	<input type="checkbox"/> Frequent Ear Infections
<input type="checkbox"/> Allergies (Please list below)		

List all Current Medications Below

Does the student have any health problems or chronic illnesses at this time? If yes, please explain:

Does the student wear glasses or contacts? _____ Does the student have a hearing problem? _____

Please note any immunizations the student has received within the past 12 months. _____

Parent/guardian completing the enrollment application:

SIGN HERE  NAME: _____ SIGNATURE: _____ DATE: _____

Special Education and 504 Program Services Information Form

Not for enrollment, used for service placement.

Learner Name: _____ Grade: _____

Has your learner ever qualified to receive **Special Education Services**? ☐ YES ☐ NO

Has your learner ever qualified to receive accommodations under a **504 Plan**? ☐ YES ☐ NO

If you answered "NO" to both questions please sign your name to complete this form.

Parent's/Legal Guardian's Signature: _____ Date: _____

If you answered "Yes" to either question please complete this form.

Parent or Guardian of Newly Registered Learner,

In order to assist us in meeting the educational needs of your learner, please read below and supply the requested information to the extent you are able. Due to the many regulations that govern Special Education, and learners receiving 504 accommodations, we must be provided with proper documentation in order to continue implementing the services your learner needs. Please submit any current documents, evaluations, Individualized Education Plans (IEP's), and any other information you may have regarding your learner as soon as possible. Thank you for your support in providing this valuable information.

SPECIAL EDUCATION SERVICES:

What is your learner's area of special education eligibility: _____

Do you have a copy of your learner's current IEP? ☐ YES ☐ NO

Do you have a copy of your learner's current evaluation? ☐ YES ☐ NO

Please provide the following information or attach a copy of your learner's IEP.

Please complete the following information to indicate the services that your learner has received.

SERVICE	Received Services?	Grade Level	SERVICE	Received Services?	Grade Level
Reading			Social Emotional/Behavior		
Writing			Occupational Therapy		
Math			Other		
Speech/Language					

504 SERVICES:

Please provide the following information or attach a copy of your learner's 504 plan

Please indicate the condition for which your learner has a 504 plan: _____

Please list the name of the physician who diagnosed the condition: _____

Which school(s) can we contact to obtain official data and records regarding the services your learner received?

Name of School: _____

City/State: _____ Phone: (____) _____ Contact Person: _____

Name of School: _____

City/State: _____ Phone: (____) _____ Contact Person: _____

Name of School: _____

City/State: _____ Phone: (____) _____ Contact Person: _____

Is there any additional information you would like to provide that may be of assistance to us in best meeting the needs of your learner?

Parent's/Legal Guardian's Signature: _____ **Date:** _____



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School Career and College Prep

School District or Charter Holder AIBT Non-Profit Charter High School

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



State of Arizona
Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: Career and College Prep

School District or Charter Holder: AIBT Non-Profit Charter High School

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____, By _____

My Commission Expires: _____ Notary Public: _____



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter AIBT - Non-Profit Charter High School

School Career and College Prep

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse antes de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

3. ¿Qué idioma habló o entendió el estudiante primero?

Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Fecha _____	
Distrito o Charter <u>AIBT - Non Profit Charter High School</u>	
Escuela <u>Career and College Prep</u>	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

**Title I/Free and Reduced Eligibility Form
Career and College Prep
USDA CHILD NUTRITION PROGRAM
INCOME GUIDELINES
2024-2025**

Federal Income Chart For School Year 2024-2025						
Household Size	Free Yearly	Free Monthly	Free Weekly	Reduced Yearly	Reduced Monthly	Reduced Weekly
1	\$19,578	\$1,632	\$377	\$27,861	\$2,322	\$536
2	\$26,572	\$2,215	\$511	\$37,814	\$3,152	\$728
3	\$33,566	\$2,798	\$646	\$47,767	\$3,981	\$919
4	\$40,560	\$3,380	\$780	\$57,720	\$4,810	\$1,110
5	\$47,554	\$3,963	\$915	\$67,673	\$5,640	\$1,302
6	\$54,548	\$4,546	\$1,049	\$77,626	\$6,469	\$1,493
7	\$61,542	\$5,129	\$1,184	\$87,579	\$7,299	\$1,685
8	\$68,536	\$5,712	\$1,318	\$97,532	\$8,128	\$1,876
Each Additional Add	\$6,994	\$583	\$135	\$9,953	\$830	\$192

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Cash Assistance (CA) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

☐ Free Eligibility ☐ Reduced Eligibility

☐ Do Not Qualify

AIBT Non-Profit Charter High School does not provide lunch. However, we must report to the state our students that qualify for free or reduced lunch. Please fill out the information above and check the appropriate box.

Return this form to: AIBT Non-Profit Charter High School by 09/30/2024

AIBT Non-Profit Charter High School
College and Career Prep

DESIGNATION OF DIRECTORY INFORMATION

During the school year, school staff members may compile the non-confidential student directory information specified at the bottom of this document.

According to state and federal law, with the permission of the school governing board the below-designated directory information may be publicly released to **educational, occupational, or military recruiting representatives without your permission**. If the charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter holder is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. *If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information containing the student's names, addresses, and telephone listings.*

If you **do not** want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior written consent, you must notify the District/Charter Holder in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form, on October 31, whichever occurs first. If the charter school does not receive this notification from you within the prescribed time, **it will be assumed that your permission is given** to release your son's/daughter's designated directory information.

To Principal:

I **do not** want any or all the information I have indicated below concerning (student's name)
_____ designated as directory information and released to any person or organization without my prior written consent.

- | | |
|---|---|
| <input type="checkbox"/> Student's Name | <input type="checkbox"/> Student's Telephone Number |
| <input type="checkbox"/> Student's Address | <input type="checkbox"/> Student's Electronic Mail Address |
| <input type="checkbox"/> Student's Dates of Attendance and Enrollment Status | <input type="checkbox"/> Student's Honors and Awards Received |
| <input type="checkbox"/> Student's Date and Place of Birth | <input type="checkbox"/> Student's Grade Level |
| <input type="checkbox"/> Most Recently Attended Educational Agency or Institution | <input type="checkbox"/> Student's Photograph |
| <input type="checkbox"/> Student's Participation in recognized activities/sports | <input type="checkbox"/> Student's Major Field of Study |
| <input type="checkbox"/> Student's Weight and height (members of athletic teams) | |

Parent/Guardian Signature

Date



AIBT Non-Profit Charter High School - Phoenix shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

McKinney-Vento Definition of Homeless:

The term “homeless children and youth”— means individuals who lack a fixed, regular, and adequate nighttime residence [\[42 U.S.C. § 11434a\(2\)\]](#).

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if he or she is presently living in one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Act mandates the following: **Immediate Enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend. [42 U.S.C. §11432(g)(3)(A), 42 U.S.C. §11432(g)(3)(B) and 42 U.S.C. §11432(g)(3)(I) (i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §11432(g)(4) & (6)(iii)].

Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §1432(g)(1)(H)(iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district [42 U.S.C. §11432(g)(3)(E)].

Appointment of a Local Homeless Liaison: The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §11432(g)(1)(J)(ii) and U.S.C. §11432(g)(6)(A)].

For more information, refer to [Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths, and the AZ State ESSA Plan](#). You may also contact:

Valeria Moran, LEA Homeless Liaison AIBT Non-Profit Charter High School - Phoenix 6201 N. 35th Avenue, Phoenix, AZ 85017 (480) 621-3365 vmoran@educationaloptionsfoundation.org	State Homeless Education Program Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 Homeless@azed.gov
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Arizona Student Residency Questionnaire

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement due to the loss of housing? Yes ☐ No ☐

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

- ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- ☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
What date did you begin staying here? _____
- ☐ In a shelter/transitional housing program (name of agency): _____
What date did you begin staying here? _____
- ☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
Provide the main cross streets of this unsheltered location: _____
- ☐ In a hotel/motel (name of hotel/motel & address) _____
What date did you begin staying here? _____
- ☐ With an adult that is not a parent or court appointed legal guardian
- ☐ Alone, not in the care of a parent or court appointed legal guardian
- ☐ None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

Date received
by Homeless
Liaison



Caregiver's Authorization Affidavit

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act. There are situations when a child or youth who is homeless may not be able to reside with their parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education. This form is not a legal document and solely for school contact only.

The adult "caregiver" requesting enrollment for a minor student presenting him/herself for enrollment and educational services while not in the physical custody of a parent or legal guardian shall complete this form.

By signing below, I acknowledge the following:

- I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor student named below, who is unaccompanied by a parent or legal guardian.
- I agree to make a good faith effort to encourage the minor student named below to attend school.
- I will attempt to contact the school office if I become aware that the minor student named below will not be attending school on that day(s) and share whether the absence is with or without my approval.
- I have provided the school district with proof of my residence and personal identification.
- I understand that signing this document does not make me the legal guardian of the minor student listed below or make me financially responsible for the minor student, even if I am providing financial support to the student.
- I understand that I may choose to make educational decisions on behalf of the minor and in all other ways stand in for the authorizing party with respect to federal, state and district educational policy, including, but not limited to, accessing the minor's educational records, representing the minor in enrollment, disciplinary, curricular, special education or other matters, signing permission slips for school activities, and any other decision that facilitates the minor's educational experience.

Student Information

Name of the minor student: _____ Date of birth: _____

Last school or district the student attended: _____

Caregiver Information

Name: _____ Date of birth: _____

Home address: _____

Telephone number(s): _____ Email address: _____

General Information

Please check one and provide additional information if it is available:

☐ The student is staying at my home address, as listed above.

☐ The student is staying at the following location: _____

Please check any that apply:

☐ While I am currently helping with the care of the minor student, I do not wish to assist school officials with making education-related decisions.

☐ I have notified the parent(s) or other person(s) having legal guardianship of the minor of my intent to assist school officials with making education-related decisions in the best interest of the student and have received no objection.

Please provide the name and phone number for the parent: _____

☐ I am unable to contact the parent(s) or legal guardian(s).

Caregiver Signature: _____ Date: _____

For School Use Only

This form should accompany the Student Residency Questionnaire. Send the original forms to the LEA Homeless Liaison. The student's cumulative file should not include a copy of this form and you should not make copies under any circumstances.

Name of school site personnel who enrolled the student: _____