



ENROLLMENT PACKET

Mr. Dodd Hawthorne, Superintendent

DOCUMENTS INCLUDED:

- VERIFICATION OF RESIDENCY CHECKLIST
- APPLICATION FOR STUDENT ENROLLMENT
(ENGLISH, KOREAN, SPANISH)
- ADDITIONAL STUDENT INFORMATION
- STUDENT INFORMATION FORM
- HOME LANGUAGE SURVEY
- EMPLOYMENT SURVEY
(ENGLISH AND SPANISH)
- STUDENT RESIDENCY QUESTIONNAIRE
(ENGLISH AND SPANISH)
- PARENT NOTICE: MEDICAL
- HEALTH ASSESSMENT RECORD

www.crenshaw-schools.org

2018-2019

CRENSHAW COUNTY SCHOOL SYSTEM

Verification of Residency Checklist

Student Name: _____

Parent/Guardian: _____

E-911 Address: _____

Mailing Address: _____

Parents of new students seeking to enroll in Crenshaw County Public Schools must offer proof of residency by presenting at least two items documenting the physical address. Examples are listed below. Please check items of proof presented and keep this form in student's permanent record.

- 1. Property Tax Records indicating a homestead exemption
- 2. Mortgage Documents or Property Deeds
- 3. Apartment or Home Lease
- 4. Utility Bills
- 5. Driver's License
- 6. Voter Precinct Identification
- 7. Automobile Registration
- 8. Affidavit and/or Personal Visit by a designated school district official
- 9. Other _____

Anyone other than the parents of the student must show documentation of guardianship, along with the items specified above.

Proof of guardianship verified by _____
(School official signature)

Proof of residency verified by _____
(School official signature)

PLEASE PRINT **APPLICATION FOR STUDENT ENROLLMENT** PLEASE PRINT
Must be completed by Parent/Legal Guardian

DATE _____ SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX- Circle One: MALE FEMALE HOME PHONE _____

STREET ADDRESS _____ CITY _____ ZIP CODE _____

RACE - Circle One: ASIAN BLACK HISPANIC AM. INDIAN MULTI WHITE PACIFIC ISLANDER

CHILD LIVES WITH - Circle One PARENTS MOTHER FATHER GUARDIAN:RELATION _____

*SOCIAL SECURITY NUMBER (voluntary) _____

PARENT(S) / GUARDIAN NAME: **If guardian, provide school with a copy of guardianship papers.**

MOTHER/GUARDIAN _____	Address _____
Email Address _____	Cell Phone _____
EMPLOYER _____	Work Phone _____

FATHER/GUARDIAN _____	Address _____
Email Address _____	Cell Phone _____
EMPLOYER _____	Work Phone _____

SPECIAL INFORMATION ABOUT CUSTODY _____

EMERGENCY CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN...VERY IMPORTANT!!!)

EMERGENCY #1 CONTACT _____	EMERGENCY #2 CONTACT _____
↓	↓
Relation _____ Phone _____	Relation _____ Phone _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:		
1. _____	Relation _____	Phone _____
2. _____	Relation _____	Phone _____
3. _____	Relation _____	Phone _____
4. _____	Relation _____	Phone _____

NAME AND ADDRESS OF FORMER SCHOOL: _____

PARENT SIGNATURE _____

**Disclosure of your child's social security number (SSN) is voluntary. If you elect not to provide a SSN, a temporary identification number will be generated and utilized instead. Your child's SSN is being requested for use in conjunction with enrollment in school as provided in Ala. Admin. Code §290-3-1-.02(2)(b)(2). It will be used as a means of identification in the statewide student management system.*

Ethnicity and Race

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Please answer BOTH Question 1 AND Question 2

Question 1: Is this student Hispanic/Latino? CHOOSE ONLY ONE ETHNICITY:

- NO**, not Hispanic/Latino
- YES**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following Question 2 by marking one or more boxes to indicate what you consider your student's race to be.*

Question 2. What is the student's race? CHOOSE ONE OR MORE:

- AMERICAN INDIAN OR ALASKA NATIVE.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN AMERICAN.** A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Office use only:

Office use only:	
Ethnicity – Choose only one: _____ NOT Hispanic/Latino _____ Hispanic/Latino	Race – Choose one or more: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Date:	Staff Signature:

Additional Requested Information:

MILITARY

Student connected to an Active Duty Military parent	Circle One: YES NO
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PRESCHOOL

Head Start	Circle One: YES NO	First Class Funded Preschool – Circle One: Yes NO
Centered Based Child Care -	Circle One: YES NO	Home Based Child Care – Circle One: YES NO
Home Visitation Program –	Circle One: YES NO	Other Preschool – Circle One: YES NO
No Preschool – Check if no Preschool	<input type="checkbox"/>	Special Education Funded – Circle one: YES NO

SPECIAL EDUCATION SERVICES

Student currently receiving special education services	Circle One: YES NO
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CRENSHAW COUNTY SCHOOL SYSTEM
Student Information Form

Date: _____ **Student Name:** _____

The following information is being requested to enable the school to be more aware of additional student needs and services that are NOT addressed on the OFFICIAL Enrollment Application. (optional)

Transportation (Check One): Bus Car Rider

Name of Bus Driver: _____ **Bus Number:** _____

Family Health Care Provider: _____

Physician's Name: _____ **Phone Number:** _____

Special Education Services
(Check One): Yes No

(Indicate if this student has been identified to receive services through special education.)

Briefly Explain: _____

Previous Attendance
(Check One): Yes No

(Indicate whether or not this student has attended school here before.)

If YES, indicate last year of attendance: _____

List any household members attending school here:

Name _____ **Grade:** _____

Name _____ **Grade:** _____

Name _____ **Grade:** _____

Special Information/Instruction:

Parent/Legal Guardian Signature _____

CRENSHAW COUNTY PUBLIC SCHOOLS

Home Language Survey

Schools are required to determine the language(s) spoken by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us to meet this important requirement is requested. Please answer the following questions and return this form to the school's office.

Student's Name _____ Date of Birth ____/____/____
(Last) (First) (Middle)

Country of Birth (if other than United States): _____
Grade Level Entered U.S. Schools (if lived outside of U.S. at any time): _____

Date of Entry in U.S. Schools (if lived outside of United States at any time): ____/____/____

School _____ Grade _____ Date Enrolled ____/____/____

1. What language did your child first learn to speak ? _____
1. What language does your child most often speak ? _____
3. What language is most often spoken in your home ? _____

If English is not your child's primary language, has your child ever participated in an English as a Second Language Program ? YES _____ NO _____ If yes, when ? ____/____/____
In which school district and state ? _____

(Parent's Signature)

____/____/____
(Date)

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

SCHOOL: _____ GRADE: _____

Dear Parents or Guardians:

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: _____

Name of Parent or Guardian: _____

Address: _____

Home Telephone No: _____ Cell Telephone No: _____

1. Have you **moved** during the last 3 years **to work or to seek work** even if it was for a short period of time? YES _____ NO _____

If so, what type work are you or your spouse doing now:

2. If you marked "yes" on question number 1, what city, state, or country did you move from?

3. Have you or your spouse **ever worked** in an activity directly related to any of the following? Please **check (✓)** all that apply:

- The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
- Fruit farms
- The cultivation or cutting of trees
- Work in nurseries or sod farms
- Fish or shrimp farms
- Worm farms
- Catching or processing seafood (shrimp, oysters, crabs, fish, etc.....)

Crenshaw County Public Schools
McKinney-Vento Act
Student Residency Questionnaire

Name of Student: _____ Date of Birth: _____

Name of School: _____ Age: _____ Grade: _____

Please answer the questions below concerning your residency. The information you provide is confidential. The purpose of this information is to ensure the rights of your child and youth under the McKinney-Vento Law (42 US code 11431 and Title X under ESEA/NCLB).

1. Is your address a temporary living arrangement? Yes No
2. Is your living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to either of the above questions, please complete the remainder of this form. If you answered No to both questions, you may stop here.

Where is the student currently living? (Please check one)

- In a motel/hotel
- In a shelter
- With another family in a house or apartment due to loss of housing or economic hardship
- In a car, park, campground, street, or abandoned building
- Moving from place to place
- Temporary or emergency foster care
- Other: _____

Last school student attended:

School: _____ District: _____
City: _____ State: _____

Name of Parent/Guardian(s):

Name: _____ Signature: _____
Name: _____ Signature: _____

OR

Student (unaccompanied homeless youth):

Name: _____ Signature: _____
Address: _____
Home Number: _____ Work Number: _____ Cell Number: _____

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the students is to be enrolled immediately.



ADMINISTRATION OF MEDICINE

1. Parents or legal guardians must fill out an official registration form stating any medical problems which can effect the child in a class room situation or at physical education.
2. Medication shall be administered at school only when absolutely necessary. The school nurse should be notified of all medicines to be brought on campus by students or parents for students.
3. Students shall not bring medicine from home to be administered for minor illness. For example: A student with an illness such as a cold, severe enough to require medication, should remain at home. This protects all on campus.
4. There will be cases where a student will need to receive medication for either a short or possibly extended period of time. In many of these situations, the medication can be given at home before school hours and when the child arrives at home in the afternoon. When no alternative is possible and the student needs medication during school hours, the school may cooperate with parents for the administration of the medicine. Contact the school nurse.



REQUIREMENTS TO RECEIVE MEDICATION AT SCHOOL

- A written statement from the licensed physician, prescribing the medication, requesting that the student be medicated during school hours.
- A letter from the parent or legal guardian requesting that the medication be given at school and giving permission for the school nurse or other officials/person(s) to administer the medicine. Call the principal and the school nurse.
- The medication must be in a pharmacy container, properly labeled with the name of the medicine, the dosage, the pharmacist, the prescribing doctor and the child to whom the medicine belongs.



***PARENTS ARE NOT TO SEND MEDICINE TO SCHOOL
WITH A CHILD. PARENTS ARE TO BRING THE
MEDICINE TO THE SCHOOL NURSE OR THE OFFICE.***



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____

To Parent or Guardian: The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle) | Birth Date | Sex | School

Address (Street)

Home Telephone Number: | Cell Phone Number: | Additional Phone Number: | Grade | Teacher/Homeroom

Name of Parent/Guardian (Last, First Middle) | Work Phone Number:

Transportation
 Bus Rider Bus Number: Car Rider Special Needs Bus After School

Part I - Health Information

Place your child receives health care: Physician's Name: Address: Phone:
 Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Doctor /HMO
Your child's Insurance Information:
 ALL KIDS
 Medicaid
 No Insurance
 Other
 Private Insurance
Place your child receives dental care: Dentist's Name: Address: Phone:
 Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Dentist /HMO
Preferred Hospital:

Part II - Medical History Medical Equipment /Procedures Required at School

Catheter Gastric Tube Nebulizer Treatments Oxygen Supplement Tracheostomy
 Vagal Nerve Stimulator (VNS) Ventilator Wheelchair Walker
 Other Please explain:

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____

Name of Student _____

Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	KNOWN HEALTH PROBLEMS If NO , go directly to the bottom of the page and provide parent/guardian signature If YES , and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood/Bleeding Problems: <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Nose Bleeds: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cerebral Palsy: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cystic Fibrosis: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication
<input type="checkbox"/> YES <input type="checkbox"/> NO	Emotional/Behavioral/Psychological: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Genetic / Rare Disorders: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problems: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Condition: <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypertension (High Blood Pressure): <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney/ Bladder/ Urinary Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis: <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures/Convulsions: Type of seizure: _____ <i>Medications:</i> <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sickle Cell: <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	Shunt: <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Spina Bifida:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Diet: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problems: <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other Medical Conditions: <i>Please include any medications taken at home only.</i>

Required Signatures

(Electronic or Written) Parent(s) or Guardian Signature: _____ Date: _____

(Electronic or Written) School Nurse Signature: _____ Date: _____

Highland Home School
Corporal Punishment (Paddling)
Permission Form
2019 – 2020

Student's Name _____

Please mark one.

_____ I give Highland Home School administrators permission to give corporal punishment (paddling) to my child.

_____ I do NOT give Highland Home School administrators permission to give corporal punishment (paddling) to my child.

Comments:

Parent or Guardian Signature

Date

Crenshaw County Public Schools

SOLICITUD DE INSCRIPCIÓN DEL (DE LA) ALUMNO(A)

LLENAR CON LETRA DE IMPRENTA Debe ser llenada por el padre/madre/tutor legal LLENAR CON LETRA DE IMPRENTA

FECHA: _____ ESCUELA: _____ GRADO: _____

APELLIDO: _____ PRIMER NOMBRE: _____ SEGUNDO NOMBRE: _____

FECHA DE NACIMIENTO: _____ SEXO - marque con un círculo MASCULINO FEMENINO

TELÉFONO DE CASA: _____

DIRECCIÓN FÍSICA: _____ CIUDAD: _____ CÓDIGO POSTAL: _____

DIRECCIÓN POSTAL: _____ CIUDAD: _____ CÓDIGO POSTAL: _____

EL (LA) ALUMNO(A) VIVE CON - marque con un círculo: PADRES MADRE PADRE
TUTOR: RELACIÓN/PARENTESCO _____

*NÚMERO DE SEGURO SOCIAL (optativo): _____

PADRE/MADRE/TUTOR: (la verificación debe hacerse de acuerdo con las normas del consejo escolar local)

MADRE/TUTOR: _____	Dirección: _____
Dirección de correo electrónico: _____	Teléfono celular: _____
EMPLEADOR: _____	Teléfono del trabajo: _____

PADRE/TUTOR: _____	Dirección: _____
Dirección de correo electrónico: _____	Teléfono celular: _____
EMPLEADOR: _____	Teléfono del trabajo: _____

INFORMACIÓN ESPECIAL SOBRE LA CUSTODIA:

CONTACTOS EN CASO DE EMERGENCIA: (INDIQUE NÚMEROS DE OTRAS PERSONAS)

CONTACTO DE EMERGENCIA #1 _____ CONTACTO DE EMERGENCIA #2 _____
Relación: _____ Teléfono: _____ Relación: _____ Teléfono: _____

ESTAS PERSONAS TIENEN PERMISO PARA RECOGER A MI HIJO(A) DE LA ESCUELA (De acuerdo con los procedimientos de salida del sistema escolar)		
1. _____	Relación: _____	Teléfono: _____
2. _____	Relación: _____	Teléfono: _____
3. _____	Relación: _____	Teléfono: _____

NOMBRE Y DIRECCIÓN DE LA ÚLTIMA ESCUELA A LA QUE ASISTIÓ: _____

FIRMA DEL PADRE/MADRE/TUTOR: _____

**La divulgación del número de seguro social (Social Security Number (SSN)) de su hijo(a) es optativa. Si opta por no indicar un SSN, se otorgará y utilizará un número de identificación temporal. Se pide el SSN de su hijo(a) para utilizarlo junto con la inscripción en la escuela, según se estipula en el Ala. Admín. Code §290-3-1.02(2)(b)(2). Se utilizará como medio de identificación en el sistema estatal de administración de alumnos.*

SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: _____ AÑO ESCOLAR: _____

ESCUELA: _____ GRADO: _____

Estimado Padre o Guardián,

Por favor de completar la siguiente encuesta. Los resultados de ésta encuesta serán usados para determinar si son posiblemente elegibles para el Programa de Educación para Migrantes.

Nombre del niño: _____

Nombre del padre o guardián: _____

Dirección: _____

Teléfono: _____ Celular: _____

1. ¿Se ha **mudado** usted en los últimos tres años **para trabajar o buscar trabajo** aunque haya sido por un tiempo corto? **SI** _____ **NO** _____

Si marcó Sí. ¿Que tipo de trabajo hace usted o su esposa(o) ahora?

2. Si marcó **Sí** en la pregunta número 1. ¿De que ciudad, estado o país vinieron?

3. ¿Usted o su esposa(o) **trabajan o han trabajado** en una actividad directamente relacionada a algunas de las siguientes? Por favor de marcar (✓) todos los aplicables:

- La producción o proceso de cosechas, productos de lechería, aves, polleras o ganado.
- Huertas de frutas.
- La cultivación o corte de árboles.
- Trabajo en Invernaderos o granjas de Césped
- Granjas de pescados o camarones
- Granjas de gusanos
- La pesca o proceso de mariscos (camarones, ostiones, cangrejos, pescados, etc...)

Crenshaw County Public Schools
Ley McKinney-Vento
Cuestionario sobre la residencia de los alumnos

Nombre del alumno: _____ Fecha de nacimiento: _____

Nombre de la escuela: _____ Edad: _____ Grado: _____

Responda las siguientes preguntas sobre su residencia. La información que proporcione es confidencial. El propósito de esta información es garantizar los derechos de su hijo en conformidad con la Ley McKinney-Vento (Artículo 42 del Código de Estados Unidos, 11431 y Artículo X en conformidad con ESEA/NCLB).

1. ¿Su dirección corresponde a una vivienda temporal? Sí No
2. ¿Su vivienda temporal se debe a la pérdida de vivienda o dificultades económicas? Sí No

Si respondió **SÍ** a alguna de las preguntas anteriores, complete el resto del formulario. Si respondió **No** a ambas preguntas, termine aquí.

¿Dónde vive actualmente el alumno? (Marque una opción)

- En un motel/hotel
- En un albergue
- Con otra familia en una casa o departamento debido a la pérdida de vivienda o dificultades económicas
- En un automóvil, parque, campamento, calle o edificio abandonado
- Se desplaza de un lugar a otro
- Con una familia adoptiva temporal o de emergencia
- Otra: _____

Última escuela a la que asistió el alumno:

Escuela: _____ Distrito: _____

Ciudad: _____ Estado: _____

Nombre de padre/madre/tutor(es):

Nombre: _____ Firma: _____

Nombre: _____ Firma: _____

O BIEN

Alumno (menor sin hogar y solo):

Nombre: _____ Firma: _____

Dirección: _____

Número de casa: _____ Número de trabajo: _____ Número de celular: _____

Si el alumno **NO** vive en una vivienda permanente, no se requieren pruebas de residencia ni otros documentos que normalmente se solicitan para la inscripción, y debe inscribirse al alumno de inmediato.