

APPENDIX 6

SAMPLE ENROLLMENT FORMS

Appendix D: Sample Student Residency Questionnaire¹

Everyday Unified School District

*[This form was not developed nor is it endorsed by the U.S. Department of Education. It is not a required form. It was adapted for use as an example].

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? *Check one box.*

Section A	Section B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian)	<input type="checkbox"/> Choices in Section A do not apply
<p><i>CONTINUE:</i> If you checked a box in Section A, complete #2 and the remainder of this form.</p>	<p><i>STOP:</i> If you checked this section, you do <i>not</i> need to complete the remainder of this form. Submit to school personnel.</p>

2. The student lives with:
- | | |
|--|---|
| <input type="radio"/> 1 parent | <input type="radio"/> a relative, friend(s) or other adult(s) |
| <input type="radio"/> 2 parents | <input type="radio"/> alone with no adults |
| <input type="radio"/> 1 parent & another adult | <input type="radio"/> an adult that is not the parent or the legal guardian |

School: _____

Name of Student _____ Male Female

Birth Date ____/____/____ Age: _____ Social Security# [if appropriate] _____
 Month / Day / Year

Name of Parent(s)/Legal Guardian(s) _____

Address _____ ZIP: _____ Phone/Pager: _____

Signature of Parent/Legal Guardian _____ Date: _____

School Use Only - Campus Administrator's determination of Section A circumstances:

➔ FAX to Attendance, Guidance and Counseling 777-777

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and faxed to Attendance, Guidance and Counseling Department immediately after completion. All campuses must keep original forms separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Contact Person who may know of the family's situation:

_____ Date faxed: _____

¹ United States Department of Education. (2004, July). *Education For Homeless Children And Youth Program, Title VII-B of The McKinney-Vento Homeless Assistance Act, as amended by the No Child Left Behind Act of 2001, Non-Regulatory Guidance*. Retrieved August 25, 2006 from the National Center for Homeless Education website: http://www.serve.org/nche/downloads/guidance_jul2004.pdf (page 37)

**EDUCATION FOR HOMELESS CHILDREN AND YOUTH PROGRAM
MCKINNEY-VENTO HOMELESS ASSISTANCE ACT**
PLEASE PRINT

DISTRICT/SCHOOL _____ DATE _____

STUDENTS NAME _____ M ___ F ___
(Last Name) (First Name) (Middle Initial)

STUDENTS DATE OF BIRTH _____ GRADE LEVEL _____
(Month) (Day) (Year)

PARENT/GUARDIAN NAME _____ UNACCOMPANIED YOUTH _____
(Last Name) (First Name) (M.I.)

ADDRESS _____ TELEPHONE NUMBER (____) _____

RACE/ETHNICITY ___ White ___ Black ___ Hispanic ___ Asian/Pacific Islander ___ Amer. Ind./Alaskan Nat. ___ MultiRacial/Ethnic

CONFIDENTIAL INFORMATION

Complete only if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- in a shelter with relatives or others due to lack of housing at a train or bus station, park, or in a car
 in a motel/hotel, camping ground, or other similar situation due to the lack of alternative, adequate housing
 in abandoned apartment/building temporarily housed in shelter awaiting DCFS permanent foster care placement
 other _____ Disaster victim? explain _____

Is there a current Order of Protection or No Contact order which concerns this student: Yes No

Last school attended: _____

Eligible for any of these educational and school related activities and services?

- Special Education (IDEA) English Language Learners (ELL) Gifted and Talented Vocational Education
 Other _____

Possible Barriers to Education

- School Selection Transportation School Records Immunizations or other medical records
 Other issues/barriers _____

Proposed Services and Activities to be Provided by McKinney-Vento

- Tutoring or other instructional support Expedited evaluations Staff professional development/awareness
 Referrals for medical, dental, and other health services Transportation Early childhood programs
 Assistance with participation in school programs Before/after-school, mentoring, summer programs
 Obtaining or transferring records necessary for enrollment Parent education related to rights/resources
 Coordination between schools and agencies Counseling Addressing needs related to domestic violence
 Clothing to meet a school requirement School supplies Referral to other programs and services
 Emergency assistance related to school attendance Other _____

COMMENTS _____

² Illinois State Board of Education. (n.d.). *Education for Homeless Children and Youth Program Common Form* (Spanish and English). Retrieved December 20, 2006 from: <http://homelessed.net/schools/default.htm>

To the best of my knowledge, the information in this document is accurate:

Print Name & Title of Person completing form _____

ROE/LEA/Agency _____ Date _____

Signature _____

RIGHTS OF HOMELESS STUDENTS

The school district shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have equal 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 youth not living with a parent or guardian, applies to all services, programs, and activities provided or made available.

A student is considered "**homeless**" if he or she is presently living:

- in a shelter * sharing housing with relatives or others due to lack of housing
- in a motel/hotel, camping ground, or similar situation due to lack of alternative, adequate housing
- at a train or bus station, park, or in a car * in an abandoned building
- temporarily housed while awaiting DCFS foster care placement

All Homeless Students Have Rights To:

- **Immediate school enrollment.** *A school must immediately enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residency.*
- **Enroll in:**
 - *the school he/she attended when permanently housed (school of origin)
 - *the school in which he/she was last enrolled (school of origin)
 - *any school that non-homeless students living in the same attendance area in which the homeless child or youth is actually living are eligible to attend.
- **Remain** enrolled in his/her selected school for as long as he/she remains homeless or, if the student becomes permanently housed, until the end of the academic year.
- **Priority** in certain preschool programs.
- **Participate** in a tutorial-instructional support program, school-related activities, and/or receive other support services.
- **Obtain** information regarding how to get fee waivers, free uniforms, and low-cost or free medical referrals.
- **Transportation services:** A homeless student attending his/her school of origin has a right to transportation to go to and from the school of origin as long as (s)he is homeless or, if the student becomes permanently housed, until the end of the academic year.

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. The school district must respond and attempt to resolve it quickly. The school district must refer you to free and low cost legal services to help you, if you wish. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. Every Illinois Public School has a Homeless Education Program Liaison who will assist you in making enrollment and placement decisions, providing notice of any appeal process, and filling out dispute forms.

If you have questions about enrollment in school, or want more information about the rights of homeless students in Illinois Public Schools, call the appropriate Regional Homeless Education Liaison from the listing below or call the Illinois State Board of Education at (1-800) 215-6379.

Area 1	630/444-2974	Cook (outside of the City of Chicago), DuPage, Grundy, Kane, Kendall, Lake, McHenry and Will counties;
Area 2	815/652-2054	Boone, Bureau, Carroll, De Kalb, Henry, Jo Daviess, LaSalle, Lee, Marshall, Ogle, Putnam, Rock Island, Stark, Stephenson, Whiteside, Winnebago and Woodford counties;
Area 3	309/837-4821	Adams, Brown, Cass, Fulton, Hancock, Henderson, Knox, Logan, Mason, McDonough, Menard, Mercer, Morgan, Peoria, Pike, Sangamon, Schuyler, Scott, Tazewell and Warren counties;
Area 4	815/937-2950	Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Kankakee, Livingston, Macon, McLean, Moultrie, Piatt, Shelby and Vermilion counties;
Area 5	618/283-1673	Bond, Calhoun, Christian, Clinton, Effingham, Fayette, Greene, Jersey, Macoupin, Madison, Marion, Monroe, Montgomery, Randolph, St. Clair and Washington counties;
Area 6	618/998-9226	Alexander, Clay, Crawford, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Massac, Perry, Pope, Pulaski, Richland, Saline, Union, Wabash, Wayne, White and Williamson counties;
Area 7	773/553-2242	City of Chicago

Educational Services For Homeless/Transitional Students Confidential Referral Form ³

**PARISH PUBLIC SCHOOLS
EDUCATIONAL SERVICES FOR HOMELESS/TRANSITIONAL STUDENTS
CONFIDENTIAL REFERRAL FORM**

Date _____ Not In School _____

Student _____ (M/F) Parent/Guardian _____ Race _____

School _____ Age _____ Grade _____ Sp Ed Y/N _____ D.O.B. _____

S.S.# or I.D.# _____ Phone Number _____

Temporary Address _____ City _____ Zip _____

THIS FORM IS TO BE COMPLETED ON HOMELESS/TRANSITIONAL STUDENTS

Referring Person _____ Position _____

Reason for referral: Problems listed below often prevent homeless children and youth from attending school. Please check the areas of concern which apply to the student identified above.

- Student lacks a permanent residence
- Student is unable to pay school fees
- Immunizations are needed
- A birth certificate is needed
- Excessive absences are a problem
- Lacks academic records and/or documentation
- Academic problems indicate a need for tutoring
- School supplies are needed
- Transportation to school is a problem
- Student/family needs assistance accessing community resources
- Behavior indicates a need for mental health counseling
- School clothes are needed:
Sizes: Shirt _____ Pants _____ Shoes _____ Other _____
- Free lunch form has not been returned
- Health problems are indicated
- Guardianship is a problem

Check all that apply:

- lives with: other family* _____
- substandard housing* _____
- mom* _____ *dad* _____
- other* _____ *self* _____
- highly mobile* _____
- resides in a shelter* _____
- doubled-up* _____



COMMENTS: _____

Other children in home: (Use back if needed)

NOTE: Return this form to (NAME OF LIAISON), Homeless Liaison for (PARISH) Parish Schools, at (ADDRESS), or send by FAX.

PHONE: (NUMBER) _____ FAX: (NUMBER) _____

Signature: _____
Principal/Counselor/Teacher Homeless Liaison's Signature*

***LIAISON'S SIGNATURE INDICATES STUDENT(S) MEET MCKINNEY-VENTO REQUIREMENTS**

³ Louisiana Department of Education. (n.d.). *Educational services for homeless/transitional students confidential referral form*. Retrieved August 25, 2006 From: <http://www.doe.state.la.us/lde/uploads/2529.pdf>

Caregiver's Authorization Form⁴

Caregiver's Authorization Form

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act of 2001 (P.L. 107-110) requirement that homeless children are to have access to education and other services. The McKinney-Vento Act specifically states that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian.

Instructions:

- To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize enrollment and school-related medical care, complete all items and sign the form.

The minor named below lives in my home, and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birthdate: _____
3. My name (adult giving authorization): _____
4. My home address: _____
5. Check one or both (for example, if one parent was advised and the other could not be located):
 I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.
 I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.
6. My date of birth: _____
7. My state driver's license or identification card number: _____

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature _____ Date _____

Adapted from materials produced by the California Department of Education. As with any legal document, the local educational agency's legal counsel should review the document.

⁴ NCHE. (2005) Caregiver's authorization form. *Local Homeless Education Liason Toolkit* (Appendix E). Retrieved August 25, 2006 from: http://www.serve.org/nche/downloads/toolkit/app_e.pdf

Dispute Resolution Process School Sample Forms ⁵

Appendix E: Dispute Resolution Process School Sample Form*

Everyday Independent School District

.*[This form was not developed nor is it endorsed by the U.S. Department of Education. It is not a required form. It was adapted for use as an example].

School Name: _____
School Address: _____ Phone: (777) _____ Fax: (777) _____
Student's Name: _____ I.D.#: _____ Grade: ____
Current Address: _____ Current Phone: _____
Parent/Guardian/Complaining Party's Name: _____

Relationship: Parent Guardian Unaccompanied Youth Other:

Current Address: _____ Current Phone: () _____

Please note: Information regarding student's address, phone number, and information protected by Everyday School Records Act and can only be released to parent/guardian, the student, or to a person specifically designated as a representative of the parent/guardian.

Lives in a Shelter Yes No

Name of school that parent chooses child to be immediately enrolled in and /or transported to/from until dispute is resolved:

Is this the school of origin*? Yes No

**School of Origin means the school that the child attended when permanently housed or the school in which the child was last enrolled.*

If no, from which school was the student transferred? _____

Reason for the Complaint: _____

Signature of parent/guardian/complaining party:

Date:

Principal's Actions on the Complaint

Taken within ___ school day(s) after receiving notice of the complaint.

Date Homeless liaison was notified of the dispute:

Action taken by principal to resolve the dispute: _

Was the dispute resolved? Yes No

Explanation:

⁵ U.S. Department of Education. (2004). *Education for Homeless Children and Youth Program Non-Regulatory Guidance*. Retrieved August 25, 2006, from http://www.serve.org/nche/downloads/guidance_jul2004.pdf

Appendix F: Dispute Resolution Process School District Sample Form*

EVERYDAY PUBLIC SCHOOLS

*[This form was not developed nor is it endorsed by the U.S. Department of Education. It is not a required form. It was adapted for use as an example].

Student's Name: _____ I.D.#: _____

Grade: _____

School Name: _____

District Action On Complaint

Taken within ____ school days after receiving notice of the complaint.

Did the Education Liaison resolve this dispute? Yes No

If dispute was resolved: describe the actions taken by the Education Liaison to resolve the dispute to the satisfaction of parent/guardian:

If dispute was *not* resolved to the satisfaction of the parent/guardian: provide the date that a District Education Officer convened a meeting of the parties and briefly describe the outcome of this meeting:

The following organizations are willing to provide low-cost or free legal assistance to residents of Everyday*:

Everyday Coalition for the Homeless Main Street Everyday, USA (800) 555-5555
Everyday Coalition is willing to provide to homeless children and parents free legal services regarding educational matters.

*By listing these organizations as sources of low-cost or free legal services, the Everyday Board of Education does not in so doing recommend or advocate the use of the services of the listed organizations, nor is the Board responsible for the quality of services provided by any of these listed organizations, should their services be used.

Action taken by Everyday School District to resolve the dispute (if necessary): _

Was the dispute resolved? Yes No Date:

Explanation: