

<b>STAC ID</b>

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
 STAC & Special Aids Unit  
 Room 514, Education Building  
 Albany, NY 12234

<b>STAC-202</b> HOMELESS DESIGNATION
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### Designation of School District of Attendance for a Homeless Child

Submitted by:  Local Dept of Social Services (DSS)       Designated School District of Attendance (PSD)

**PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM**

1. NAME OF CHILD	2. DATE OF BIRTH	3. GENDER
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> LAST NAME	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> MO / DAY / YR	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> M    F
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> FIRST NAME	<input type="checkbox"/> M.I.	

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native     Asian or Pacific Isl.     Black     Hispanic     White

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS  
 .....  
 .....

8. COMPLETE ADDRESS OF CURRENT LOCATION .....	DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING
	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> MONTH    DAY    YEAR

9. DATE DISTRICT OF ATTENDANCE CHOSEN	DATE
	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> MONTH    DAY    YEAR

10. DATE PLACED IN PERMANENT HOUSING	DATE
	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> MONTH    DAY    YEAR

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS  
 .....

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED  
 .....

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION  
 .....

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE  
 .....

*One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.*

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

District participating in a Regional Placement Plan    OR     District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. \_\_\_\_\_  
 NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP      AREA CODE      TELEPHONE NUMBER

13. \_\_\_\_\_  
 SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD      DATE  
*IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.*

14. \_\_\_\_\_  
 PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE      TITLE

15. \_\_\_\_\_  
 SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE      DATE

16. PLACEMENT COUNTY \_\_\_\_\_  
Local DSS use only      \_\_\_\_\_  
AREA CODE      TELEPHONE NUMBER

East Syracuse Minoa Central School District  
Enrollment Form – Residency Questionnaire

Cheryl West, Homeless Liason (315) 434-3010

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Who has custody of child? \_\_\_\_\_

Who will the child be residing with? \_\_\_\_\_

*The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.*

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

- In a shelter
- Transitional Housing
- With another family or other person (sometimes referred to as "doubled-up")
- In a hotel/motel
- Unsheltered (car, parks, campgrounds, temporary trailer, or abandoned buildings)

\_\_\_\_\_  
PRINT NAME of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
SIGNATURE of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date