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
   LAST NAME
   FIRST NAME
   M.I.

2. DATE OF BIRTH MO / DAY / YR

3. GENDER M  F

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
   MONTH DAY YEAR

9. DATE DISTRICT OF ATTENDANCE CHOSEN
   MONTH DAY YEAR

10. DATE PLACED IN PERMANENT HOUSING
    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 components: 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
   IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 15 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.
   DATE

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

REVISED 09 15
East Syracuse Minoa Central School District
Enrollment Form – Residency Questionnaire

Cheryl West, Homeless Liaison (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