

ENROLLMENT ASSISTANCE TO FAMILIES

This form is intended to address the McKinney-Vento Homeless Assistance Act. Your answers will help district officials determine the documents you will need for your student to enroll in Eudora Schools, as well as additional possible services for which you may qualify.

Today's date _____

Student name _____ Student date of birth _____
Please print: First name Last name MM/DD/YYYY

SECTION I

Presently, my student is living (check one)

- A. In a shelter
 B. With more than one family in a house or apartment
 C. In a motel, car or campsite
 D. With friends or family members, other than parent or legal guardian
 E. None of these living arrangements applies to my student.*

**If this option (E.) is checked, you do not need to complete the remainder of this form. Please submit it to your child's school office.*

SECTION II (If you checked option A, B, C or D above)

Student's school and grade level _____

Student is: Male Female Age: _____

Student lives with:

- | | |
|---|--|
| <input type="checkbox"/> One parent | <input type="checkbox"/> A relative, friend(s) or other adult(s) |
| <input type="checkbox"/> Two parents | <input type="checkbox"/> Alone with no adults |
| <input type="checkbox"/> 1 parent and another adult | <input type="checkbox"/> An adult that is not the parent or legal guardian |

Name of parent or legal guardian _____
Please print: First name Last name

Address _____
Address City State ZIP code

Parent/guardian phone number or pager (_____) _____

Signature of parent or legal guardian _____ Date _____

When this form is complete, please submit it to your child's school office. For additional information, contact Linda Troutfetter, Eudora Schools social worker and homeless liaison, by calling your child's school, or by sending an e-mail message to lindatroutfetter@eudoraschools.org.