

Homeless Student Data Information 2019-20

Referral Submitted by: _____ (your name)

School Name: _____ School Number: 280____

Student Name: _____ Gender: ___M___F

Student Number: _____

Present Grade Level: _____

DOB: _____ Age: _____ Date LEA Enrolled: _____

Date LEA Withdrew: _____

Unaccompanied Youth: ___Yes___ ___No___

Retained Previous Year: ___Yes___ ___No___

Program Eligibility Date: _____ The date the student was
enrolled in the homeless program

Program Withdrawn Date _____ The date the student was
withdrawn from the homeless program

Student Nighttime Residency: _____ (Choose from 1-4 of the following list)

1. **Shelters** –shelters, transitional housing, awaiting foster care
2. **Doubled-up** -sharing residence with others due to economic hardship, loss of housing, or other reasons (such as domestic violence)
3. **Unsheltered** -cars, temporary trailers including, FEMA trailers or abandoned buildings
4. **Hotels/Motels** -hotels/motels

Services Provided by Other LEA Funds: _____ Yes or ___No___

Please submit the form to Dr. John Donlan at the Central Office

****Do not send this form electronically. Use inter-office mail****

Was this Student displaced because of: (Check only those that apply)

Hurricane_____ (Name_____)

Tornado_____

Flood_____

Other_____

For Central Office Use Only

Reviewed by Director of Administrative Services: (DATE): _____ (Initials) _____

Reviewed by School Nutrition _____ (Initials)

Confirmed PowerSchool Entry _____ (Initials)