

Student in Transition Interview

This form is a fillable PDF document and should be completed electronically. Please type the information in the provided lines, save a copy to your computer if necessary and print the form.

Last name		First Name	Middle	Gender (M or F)	Date of Birth mm/dd/yyyy	Grade (if Applicable)	School or Not Enrolled (NE)	Race 3			
(NH)	- White (WH)	n or Alaskan Native (AI) - As									
2.		My name is									
		I am currently staying at this address: Street									
	City/State	City/StateZip									
	I have been staying at this address since/ Month Year										
	I get my mail at										
		Phone number where I can be reached Work number (if applicable)									
	Phone number where	e I can be reached		****							
		e I can be reached, list name and phone numb									
3.	If staying at a shelter		er of agency conta	act							
3.	If staying at a shelter I meet the definition If completed by the	, list name and phone number of homeless as detailed in parent/legal guardian, che	er of agency contain the McKinney-\ ck one:	act /ento 201 R	eauthorization	n Act because	e (check one)				
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Used as a regular sleeping accommodation for human beings because I am a runaway, have been told to leave

home, or have been abandoned by my parents/legal guardian.



4.	Please check one: I wish to have my child(ren) continue in his/her current school(s) for the 2019-2020 school year. Current School				
	I wish to enroll my ch	ild(ren) at the new school for the address at which I am currently staying. ance zone school(s)			
5.	he child's placement in Dare County Schools only for the 2019-2020 school year. I also a new copy of this form must be completed with the school each time I move to a different				
6.	I understand that providing false inform	ation on this form is a federal offense.			
7.	Parent SignatureSignature must be witnes	sed by school office personnel			
	Olg. lata. o . l. aot 20 milios	304 2) 03:100: 0:1100 poiso: 1110:			
8.	Witness Signature	Date			