



TRINITY AREA SCHOOL DISTRICT

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 Assistant Superintendent of Schools
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Residency Articulation

Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child.

Child's Name: _____

Person completing form: _____

Relationship to child: _____ **Date:** _____

In what type of setting is the student living now? (Check one of the boxes below)

SECTION A	SECTION B
<input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or life changing event <input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations <input type="checkbox"/> In a park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings <input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings CONTINUE completing the form ↓	<input type="checkbox"/> None of the choices in Section A apply. If you checked this section, you do not need to complete the remainder of this form.

Contact number for person completing the form: _____

Address where the child is currently living: _____

The child is living with (check all that apply):

- Parent(s) or legal guardian
- Siblings:
 - under 5
 - school age (5-18)
 - over 18
- Relative, friend(s), or other adult(s)

- Alone
- Other: _____

School last attended by child: _____

Address of school: _____

Telephone number of school: _____

Contact person at school (if known): _____

Does the student have an IEP or a Chapter 15/504 agreement?

NO

YES

Please explain: _____

~~~~~*Office*

*Use Only*

Intake by \_\_\_\_\_

Notified District Homeless Liaison

Food Service

Building Office