



**Please submit this page with the *Temporary Residency Form for School Admission*.**

Parent Name:		Phone Number:	
List name of all students and siblings in the family:			
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Current Address:		Phone:	
City, State, Zip:			

What caused your family to move from your previous address (ie loss of job, separation/divorce, economic hardship, loss of housing, loss of utilities, etc)?

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How long have you lived at your current address? \_\_\_\_\_

Is this a temporary situation? \_\_\_\_\_

If yes, how long do you think it will continue? \_\_\_\_\_

Are you on a lease? \_\_\_\_\_

Are you sharing the home equally or are you a guest? \_\_\_\_\_

Are there services that your family is in need of? \_\_\_\_\_

Other relevant information: \_\_\_\_\_

**Send this completed form to Jennifer Beavers, School Social Worker.**