



ENROLLMENT FORM:

Students Experiencing Homelessness or Living In Out of Home Care/Foster Care

I. STUDENT & GUARDIAN INFORMATION

Student Name: _____ **Date of Birth:** _____
Gender: Male ___ Female ___ **Current Grade:** _____
Last School Attended: _____
Special Education: Yes ___ No ___ **ELL:** Yes ___ No ___
Guardian Name: _____ **Phone:** _____
Current Address if applicable: _____

II. Students who are experiencing homelessness are entitled to immediate enrollment without delay and may continue to attend the school where they were enrolled when first becoming homeless. In order to better identify and serve students experiencing homelessness in our district, please complete the following confidential information:

Place an X in the appropriate box to answer "yes" or "no"	YES	NO
1. My family lives in an emergency, domestic abuse or transitional shelter.		
2. My family is temporarily living with more than one family in a house, mobile home or or apartment (because our family does not have a place of our own).		
3. My family is staying in our car, outside or in a public space.		
4. My family lives in a hotel or motel due to lack of accommodations.		
5. The child I am registering in school is in emergency foster care awaiting foster care placement.		
6. I am a youth who is not in the physical custody of a parent or legal guardian.		
7. I am currently working with the Project REACH staff.		

By indicating YES to any of the above questions, you may meet eligibility requirements to qualify for services from Project REACH

III. Students who are living in court ordered out-of-home care, foster care with child welfare, or who are involved with juvenile corrections are entitled to immediate enrollment and may continue to attend the school where they were enrolled at the time of placement. If you are registering a student living in out of home care/foster care, please complete this section below:

Place an X in the appropriate box to answer "yes" or "no"	YES	NO
1. Are you enrolling a child who is currently living in court ordered out of home care placement/foster care?		
2. Where did the student attend school at the time of out of home care/foster care placement? School Name: _____		
3. If this student is living in court ordered out of home care/foster care: Type of Placement: _____ Placing County: _____ Name of County Worker: _____ Worker Phone Number: _____		

By indicating YES to any of the above questions, you may meet eligibility requirements to qualify for services from the Fostering Connections in Saint Paul Public Schools.