



TRINITY AREA SCHOOL DISTRICT
 231 Park Avenue, Washington, PA 15301
 Phone: 724.223.2000

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

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