MESSAGE TO OFFICE STAFF: E-MAIL FORM TO **Pupil Services** (CMONTES@MCSD.K12.CA.US)

ENROLLMENT FORM: The information you provide will be used to determine if your student qualifies for additional assistance under ESSA.

STUDENT SERVICES QUESTIONNAIRE

Student Name: _____

First Name **Middle** **Last Name**

School: _____ **Grade:** _____ **Date of Birth:** _____

Please choose from the following that best describes your current living situation:

☐ Living stably in a single family residence (check one):
○ House ○ Apartment ○ Mobile Home

☐ My family is currently facing (check one):
○ Foreclosure ○ Loss of housing due to a fire or natural disaster
○ An economic hardship ○ An eviction ○ None of the above

Please continue selecting all that best describe your current living situation:

☐ Living in a residence with more than one family due to **economic hardship, eviction, foreclosure, or natural disaster**

☐ Living with friends or family because you are runaway or an unaccompanied youth (**not in the physical custody** or parent/legal guardian)
Please specify:_____

☐ No permanent residence (moving from place to place)
Please specify:_____

☐ In a **shelter** (family, survivors & domestic violence, transitional living program or youth shelter)

☐ In a **motel, hotel**, or weekly-rate housing

☐ In an **abandoned** building, in a car, at a campground, in a car, RV home or on the streets

☐ Other:_____

☐ **None** of the above apply

Are there other siblings pre-kindergarten through 8th grade who are also living in this situation? Please list their name and grade.

If siblings are listed on questionnaire, offer multiple questionnaires for family to complete for each individual student.

Name	Grade	Name	Grade

Please indicate additional services needed:

☐ Transportation to and from school
☐ Assistance accessing school supplies
☐ Assistance accessing school clothing
☐ Referrals to community agencies (i.e. housing referrals, medical, behavioral health)
Please specify:_____
☐ Other (Please specify):_____

Please indicate residing and/or mailing address:

Residence: _____
Street City Zipcode

Mailing Address: _____
Street City Zipcode

Your signature below indicates that you have read, understand the information above. Please signed and date.

_____ ( ) _____

Parent Signature **Phone Number** **Date**

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