Homeless Application Form

This form should be completed by the school for each homeless child or sibling group seeking enrollment at their school of origin. The school administrator or Homeless Liaison will make the best interest determination for school placement. Contact the Homeless Education Program office at 724-756-2030 with questions.

Date: _____

Name of student(s) (PLEASE PRINT): _____

Birth Date(s): _____ Grade(s): _____

Current living situation: ☐ Agency: _____
☐ Doubled Up (students who are sharing housing due to housing loss, hardship, or similar reason: _____
☐ Hotel/Motel:_____
☐ Campground: _____
☐ Other: _____

Current Address: _____

Name of parent/guardian (PLEASE PRINT): _____

Telephone Number: _____
If not available, phone number of someone who can be contacted and their relationship, if any.

Anticipated length of stay at the above location: _____

Are there known personal safety issues? ☐ Yes ☐ No
If yes, explain: _____

Is there a need for special instruction? (Special Education or related services) ☐ Yes ☐ No
If yes, explain: _____

Are there other issues to be considered when determining school selection? ☐ Yes ☐ No
If yes, explain: _____

School of Origin: _____ **Enrollment Date:** _____
Has student been withdrawn? _____ If so, what was the withdrawal date? _____

Time remaining in the school year: _____

Approximate distance in miles to the school or origin: _____

----------School Use Only----------
Best Interest Determination: (Administrator checks one) **Fax completed form to HEP Office at 724-445-2776**
_____Request approved to remain in School of Origin. Is transportation needed? _____
_____Request denied. Student attends local school. Complete Written Notification Form

Signature of Administrator or Homeless Liaison: _____ Date: _____