

**Program for the Education of Homeless Children and Youth  
Student Enrollment & Residency Statement Form**

To be completed by the parent/guardian for homeless students seeking enrollment. This form shall satisfy affidavit requirements for students in transition (homeless). Place one copy of this form in each child's permanent record at the school, email or fax one copy to the Homeless Office, and provide one copy to the school social worker.

Email Address: [homelessprogram@fultonschools.org](mailto:homelessprogram@fultonschools.org) or by Fax: 470-254-0468

Date: \_\_\_\_\_

Staff person making referral: \_\_\_\_\_

Please list all of your preschool and school-aged children currently living with you attending Fulton County Schools (PLEASE PRINT CLEARLY):

Name:	Birth Date:	School:	Grade:
Name:	Birth Date:	School:	Grade:
Name:	Birth Date:	School:	Grade:
Name:	Birth Date:	School:	Grade:
Name:	Birth Date:	School:	Grade:

**Please note: Only one Residency Statement Form is needed per family. Copies can be made for each child/school.  
Information provided on this form is confidential.**

1. Do you live in any of these following situations?

- \_\_\_ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing facility.
- \_\_\_ Sharing the housing of other persons (doubled up) due to loss of housing, economic hardship, or a similar reason (example: evicted from home, cannot afford housing, etc)
- \_\_\_ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings (unsheltered).
- \_\_\_ In a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations.

2. How long do you anticipate living at this location? \_\_\_\_\_

3. **Immediate needs or services requested:**

- |  |  |
|--|--|
| <input type="checkbox"/> Free Lunch                        | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> School Supplies                   | <input type="checkbox"/> Enrollment/Placement Assistance |
| <input type="checkbox"/> Tutorial/Supplemental Instruction | <input type="checkbox"/> Records Assistance              |
| <input type="checkbox"/> After-school Program              | <input type="checkbox"/> Immunizations/Medical           |
| <input type="checkbox"/> Other - Specify: _____            |  |

4. Is the student an Unaccompanied Homeless Youth? (i.e. Student is not in the physical custody of parent/guardian and is in a homeless situation)  
 Yes                       No

**I am the parent/legal guardian of the children listed above who are of school age and are seeking enrollment to Fulton County Schools.  
I declare that the information here is true and correct and of my own personal knowledge. (It is unlawful to knowingly make false statements on this form)**

**X**

Parent/Guardian or Unaccompanied Homeless Youth Signature	Parent/Guardian or Unaccompanied Homeless Youth Print Name	Date
Unacc. Youth Email Address: _____	Parent's Email Address: _____	
Current Address: _____		
Phone Number(s): _____	(Cell) _____	(Work) _____

## ***Information for Parents***

### ***McKinney-Vento Homeless Assistance Act***

**If your family lives in any of the following situations:**

- In a shelter or motel
- In a campground, car, abandoned building, on the street or other inadequate shelter
- Without a permanent address and /or permanent housing
- Share housing with relatives or others because you lost your housing or cannot afford housing
- Are migratory
- Abandoned in a hospital

**Then, your children have certain educational rights or protections under the McKinney-Vento Homeless Education Assistance Act. Your children have the right to:**

- Immediately enroll and attend classes without having health and school records with you.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school as with any other child in your school zone.
- Request enrollment in the school where you are living or in the school attended when you were permanently housed (school of origin). If you request your child to attend the school of origin, the school administrator or Homeless Liaison will determine if it is feasible.
- If you request enrollment in the school of origin and the school determines that it is NOT feasible, the school must provide a written explanation. You have the right to appeal the decision. Your child will be enrolled in the school you request pending resolution of the dispute.
- If you request enrollment in the school of origin and the school determines that it is feasible, you may request transportation to and from the school of origin.

**Fulton County School System's Homeless Liaison:**

**Sabrina Callaway / Shawnette Miller**

**470-254-0470**

**State Coordinator for Homeless Education:**

**Georgia Department of Education**

**Erica Glenn**

**404-295-4705**