

Student Housing Form

Is your student's livin or due to the loss of how		YES	NO					
If you answered YES, please complete the rest of the form. If you answered NO, you do not need to continue								
Student Name (First and Last)	Student No.	Grade	Gender	Ethnicity/Race				
Current School or Last Attended	Enrolled in School?	Age	Date of Birth	Parent/Guardian Email				
Address	Parent/ Guardian Name	1	Phone	Language				
City, State, Zip	Parent/ Guardian Name		Phone	Language				

Name		Student ID	Grade	Age Sibling? Y/N	School (if any)			
					/:			
a . 1		• •.						
r		ving situ	ation:					
YES	NO							
		Student lives with a parent or guardian						
		Staying in a motel/hotel						
		Sharing the housing of others due to loss of housing, economic hardship, or similar reason.						
		Living in a car, park, campsite, trailer park, bus/ train station, abandoned building, or other						
		location not ordinarily used as sleeping accommodations.						
		Student is temporarily placed with relative or guardian.						
		Student lives at a temporary shelter						
		Transitional Housing (a program going from homeless to independent living usually within 24 months)						
		Migrant		1 5	5 .05	,	1 3 1	
		explain):						

Parent/Guardian/Unaccompanied Youth Signature:

Relationship

Date

This form is intended to address the requirements of the McKinney-Vento Act, 42 U.S.C. 11435. The questions on this form assist in determining if the student meets the eligibility criteria for services provided by the Everett Public Schools KIT (Kids In Transition) program. Presenting a false record or falsifying records is an offense under the Washington Administrative Code, Chapter 148-120-100, section 7.

School To Complete	Submitted by:	Building/ Dept:	Date:
*If Yes, send copy of form t	to Categorical Programs (originals in student file).		Updated September 2017- English