



**Corry Area School District**

540 East Pleasant Street  
Corry PA 16407  
Phone: (814) 664-4677  
Fax: (814) 663-0722  
<http://www.corrysd.net>

**Homeless Designation Form**

**ALL** Prospective Students  
Completed by Parent or Guardian

**The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001**, defines homelessness and outlines the right of homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren). Thank you for your cooperation.

***Additional students in the same household can be listed on the back of this form.***

Student's Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Current Grade: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School of Current Enrollment: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Current Grade: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School of Current Enrollment: \_\_\_\_\_

Address where the student(S) currently live: \_\_\_\_\_  
Street or Route (PO Box NOT Accepted)

Today's Date: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Printed Name of Person Completing Form: \_\_\_\_\_

Signature Person Completing Form: \_\_\_\_\_

Contact Phone Number for Person Completing this Form: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**IN WHAT TYPE OF SETTING IS THE STUDENT NOW LIVING?** (Check only one box)

- 1.  In an emergency or transitional shelter
- 2.  Sharing the housing of other persons due to loss of housing, economic hardship or similar reason
- 3.  In a motel, hotel or campsite due to lack of alternative, adequate accommodations
- 4.  In a car, park, public spaces, abandoned building, substandard housing, bus or train station, or similar setting
- 5.  None of the choices above

*If you checked box number 5, you do NOT need to complete the remainder of this form. Submit the form to school personnel now.*

**NOTE TO STAFF:** All forms with a checked box in 1-4 are to be faxed **IMMEDIATELY** to the Homeless Liaison to eliminate any delay.

**METHOD OF IDENTIFICATION:** Shelter Visit \_\_\_\_\_ Self-Referral \_\_\_\_\_ Staff Referred \_\_\_\_\_ Survey \_\_\_\_\_ Other \_\_\_\_\_

**STUDENT LIVES WITH** (Please check all that apply):

Parent(s) or Legal Guardian(s) \_\_\_\_\_ Relative, friend(s) or other adult(s) \_\_\_\_\_ Alone \_\_\_\_\_

Other: \_\_\_\_\_

Please print name of person and their relationship to the student.

**PRECIPITATING EVENT:**

Abandonment \_\_\_\_\_ Natural Disaster \_\_\_\_\_ Fire \_\_\_\_\_ Death of Parent/Guardian \_\_\_\_\_ Parental Divorce \_\_\_\_\_  
Domestic Violence \_\_\_\_\_ Hospitalization of Parent/Guardian \_\_\_\_\_ Left Home \_\_\_\_\_ Eviction \_\_\_\_\_ Separated from Family \_\_\_\_\_  
Incarceration of Parent/Guardian \_\_\_\_\_ Other \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date Faxed to Liaison: \_\_\_\_\_ Faxed to Liaison by: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Approved/Denied by: \_\_\_\_\_

Signature of Liaison

Student's Name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Current Grade: \_\_\_\_  
Date of Birth \_\_\_\_\_ School of Current Enrollment: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Current Grade: \_\_\_\_  
Date of Birth \_\_\_\_\_ School of Current Enrollment: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Current Grade: \_\_\_\_  
Date of Birth \_\_\_\_\_ School of Current Enrollment: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Current Grade: \_\_\_\_  
Date of Birth \_\_\_\_\_ School of Current Enrollment: \_\_\_\_\_