



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: _____

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