

**Prince George's County Public Schools
Homeless Student Services Form**

Fax to Homeless Education Office - 301-925-2534 (Voice – 301-925-2482)

**USE THE SPANISH VERSION OF THIS FORM IF THE PARENT/GUARDIAN SPEAKS SPANISH
USE LA VERSIÓN EN ESPAÑOL DE ESTE FORMULARIO SI EL PADRE/TUTOR HABLA ESPAÑOL**

1. Your name _____ 2. Relationship to child _____ Unaccompanied Youth

3. Name (if any) and address of current residence _____

Check one: shelter/THP motel/hotel car/abandoned building/street living with family/friends awaiting foster care placement

4. Telephone number, if any _____ 5. Emergency number _____

6. Date of arrival at temporary location _____ 7. Expected length of stay _____

8. Last permanent address _____

9. Last date of permanent address _____

10. Please provide the information below about the school-aged children in your care.

Child's name/grade _____ **Birth date:** _____ **Student ID:** _____

School most recently attended: _____ Date last attended: _____

School serving temporary address: _____

Which of the 2 schools listed above would you like your child to attend? (one of the two schools above)

Does your child have an IEP or 504? _____

Child's name/grade _____ **Birth date:** _____ **Student ID:** _____

School most recently attended: _____ Date last attended: _____

School serving temporary address: _____

Which of the 2 schools listed above would you like your child to attend? (one of the two schools above)

Does your child have an IEP or 504? _____

Child's name/grade _____ **Birth date:** _____ **Student ID:** _____

School most recently attended: _____ Date last attended: _____

School serving temporary address: _____

Which of the 2 schools listed above would you like your child to attend? (one of the two schools above)

Does your child have an IEP or 504? _____

Transportation will be provided unless your child is a walker.

My child(ren) does/do not require transportation. I will provide transportation. Initials _____

11. **For Department of Transportation** To be completed by the registrar and approved by parent:

____ Check here if this is an updated form due to change of address. New transportation arrangement is needed.
I understand that appropriate transportation arrangements may need to be made due to this change of address.
IF THE PICK-UP AND DROP-OFF ADDRESS IS DIFFERENT FROM ABOVE, PLEASE WRITE THE ADDRESS HERE.

12. Required fees will be waived, if you cannot afford to pay them. Please circle any fees on this list that you cannot afford to pay. Someone at your child's school will tell you if the fees you have circled will be waived.

Fees:	Date Requested	Date Approved	Child's/Children's Name(s)
Books and materials fees			
Locker fees			
Field trip fees			
Lab fees			
Uniform and equipment fees			
Class supplies fees			
Extra-curricular activity fees			
Graduation (cap and gown) fee			
School records fees			
Gym/Physical Education fees			
OTHER FEES-SCHOOL TO COMPLETE:			

NOTE: There may be other school fees in the future that you cannot afford to pay. If this happens, you can ask the Principal at your child's school to waive the fee.

13. Services may be available for your child(ren). Please check any service needed.

SCHOOL-BASED SERVICES

- Assistance with enrollment
- Assistance obtaining school records
- Tutoring or homework assistance
- Implementation of IEP or 504 Plan
- School supplies

REFERRAL SERVICES

- Medical, dental, vision care
- Food assistance
- Clothing assistance
- Social services
- After-school care
- Other:

14. Please write here any other problems or questions you have about your child's schooling: _____

We will try to answer your questions. We will also try to help you solve any school problems your child might have.

____ I understand that a false claim of homelessness or false residency information may result in the withdrawal of my child(ren) from the above named school and/or the Prince George's County Public Schools System.

____ I received my resource packet and McKinney-Vento Rights.

Parent/Guardian/Responsible Adult Signature

Date

School-based Homeless Liaison Signature

Date

Homeless Education Office Staff Signature

Date

NOTICE TO THE PARENT/GUARDIAN: If for any reason the school does not provide you with the services you requested, you must be told why in writing. You have a right to appeal any denial of enrollment, transportation, services or waiver of fees. When this form is completed, you should be given a copy of it and a blank Appeal Form. If the school does not give you a copy of the form, please request a copy.

DISTRIBUTION: Maintain the original copy in the LAF (Limited Access Folder); give a photocopy to the Parent; and fax a copy to the Homeless Education Office (301-925-2534).

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