

**Talbot County Public Schools
Students Experiencing Homelessness Form**

Parent/Guardian Name _____	Relationship to Child _____
Address of Current Residence _____	
Parent/Guardian Phone Number _____	Parent/Guardian Cell Number _____
Emergency Contact _____	Emergency Contact Phone # _____
Emergency Contact Relationship to Child _____	
Date of arrival at temporary location _____	Expected length of stay _____
Last permanent address _____	
Last date at permanent address _____	

Check the condition that describes your living situation:

_____	Temporarily living with family or friends due to loss of housing, economic hardship, or similar reasons.
_____	Living in a motel, hotel, or trailer park generally used by and/or for the housing of homeless families or on campgrounds
_____	Living in a place not designed as regular sleeping accommodations, such as a car, park, abandoned building, bus or train station, etc.
_____	Living in an emergency shelter or transitional shelter and/or awaiting foster care placement.
_____	Living with a parent who is a migratory agricultural worker.

Please provide information about all school age children in your care:

Child's Name _____	DOB _____	Student ID# _____
Last School Attended _____	Date last attended _____	
School Serving Temporary Address _____		
Which of the two schools listed above would you like your child to attend:		

Child's Name _____	DOB _____	Student ID# _____
Last School Attended _____	Date last attended _____	
School Serving Temporary Address _____		
Which of the two schools listed above would you like your child to attend:		

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Child's Name _____	DOB _____	Student ID# _____
Last School Attended _____	Date last attended _____	
School Serving Temporary Address _____		
Which of the two schools listed above would you like your child to attend:		

Transportation will be provided to the school you have selected, unless your child is a walker. My child(ren) does/does not require transportation. I will provide transportation.

Initials _____
Are you interested in reimbursement? _____ Yes _____ No

Services may be available for your child(children). Please check any services needed.

SCHOOL BASED SERVICES

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

REFERRAL SERVICES

- Medical, dental, vision care
- Food assistance
- Clothing assistance
- Social Services
- Before/After-School care
- Other: _____

Please provide information about children in your care under the age of 5 that do not attend school:

Child's Name _____	DOB _____	Student ID# _____
Last School Attended _____	Date last attended _____	

Child's Name _____	DOB _____	Student ID# _____
Last School Attended _____	Date last attended _____	

Please write here any other concerns 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.

Parent/Guardian/Responsible Adult Signature

Date

Parent/Guardian/Responsible Adult Signature

Date

NOTICE TO THE PARENT/GUARDIAN: If for some reason the school does not provide you with the services you request, you should request, complete and return an Appeal Form.