

**Baltimore County Public Schools
Homeless Student Services Form**

1. Your name _____ 2. Relationship to child _____
3. Name (if any) and address of current residence _____
4. Telephone Number _____ 5. Emergency Number _____
Cell Number _____
6. Date of arrival at temporary location _____ 7. Expected length of stay _____
8. Last permanent address _____
9. Last date at permanent address _____

Check the following condition that describes your child's living situation (which may be outside of Baltimore County)

10. Temporary 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.
11. **Please provide information about all children in your care.**

Child's name	Date of Birth	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	Date of Birth	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	Date of Birth	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) is within the walking area for the school ___Yes ___No

My child(ren) is outside of the walking area and does require transportation. ___Yes ___No

I will provide transportation ___Yes ___No

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

Reimbursement must be approved by the Office of Transportation Services

12. **Required fees will be waived if you cannot afford to pay the fees. Please circle any fees that you cannot afford to pay. Someone at your child's school will tell you if the fees you have circle will be waived.**

Fees:	Date	Amount	Child's/Children's Name	Date Requested	Date Approved
Books and material fees					
Locker fees					
Field trip fees					
Lab fees					
Uniform and equipment fees					
Class supplies fees					
Extra-curricular activity fees					
Graduation (cap and gown fees)					
School records fees					
Gym-Physical Education fees					
Other Fees-School To Complete:					

Note: There may be other fees that you cannot afford to pay. If this happens, you can ask the principal to waive the fee.

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

SCHOOL BASED SERVICES

REFERRAL SERVICES

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

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

14. **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 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 or 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 at the school; give a photocopy to the parent and fax a copy to the Homeless Education Liaison (410-918-9329) and to the pupil personnel worker.