

NEWTON COUNTY SCHOOL SYSTEM
Homeless Education Program Application
STUDENT RESIDENCY STATEMENT

2023 - 2024

Information provided on this form is confidential. Homeless status is determined yearly, and services will end at the end of the school year. Families will have to reapply annually.

This form is intended to address the requirements of the McKinney-Vento Act (Title IX, Part A). The questions below are to assist in determining if the student meets the eligibility criteria for services provided under the Every Student Succeeds Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Date _____

Please list all of your preschool and school aged children living with you (Please Print)

Student Name(s) *Please Print*	Date of Birth	Male or Female	School

Name of Parent/Guardian _____

Previous Address _____	City _____
State/Zip _____	Room # _____

Current Address _____	City _____
State/Zip _____	Room # _____

For Use 2023-2024 School Year

Revised July 1, 2023

Please check the situation that applies:

- ☐ 1. **Doubled-up:** Share housing temporarily with relatives or others because I have lost my housing or cannot afford housing due to economic hardship. (example: evicted from home, etc.,)

Write the name and phone number of resident whom are residing.

Write the resident relationship to the student.

- ☐ 2. **Unsheltered:** Live in a campground, car, abandoned building, or other inadequate housing.
- ☐ 3. **Shelter:** Live in an emergency or transitional shelter or domestic violence shelter. Write the name of Shelter _____
- ☐ 4. **Unsheltered:** Live on the street.
- ☐ 5. **Motel:** Lack of stable and safe living environment
- ☐ 6. **Unaccompanied Youth:** Homeless student (under 21) enrolling without a parent or guardian.

Write the name and phone number of resident whom are residing.

When Did you become homeless _____ Month, day _____, year _____

How long have you lived at this location? _____

Is the lease in your name? ☐ Yes ☐ No

Do you need bus transportation to school? Yes ☐ No ☐

Parent/Guardian of minor child, please provide a statement as to your current situation.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge.

Check one and sign

- ☐ Parent
☐ Guardian
☐ Unaccompanied Youth

Print Name

Signature

Date

Phone number: _____

Email address: _____

I can be reached for emergencies at:

Children living in homeless situations have certain rights under the McKinney-Vento Homeless Assistance Act under the Every Student Succeeds Act.

SCHOOL USE: Please email, scan, or fax to Khiem Reed, Homeless Liaison at 678-625-6149. Should you have any questions email or call Ms. Reed -770-787-1330 ext. 3907 or reed.khiem@newton.k12.ga.us.

Complete if the child is enrolling as a Homeless Unaccompanied Youth

**Newton County School System
(NCSS) Caregiver Authorization Form**

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-110) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento, Homeless Assistance Act, states specifically that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education. Unaccompanied youth who are not in the physical custody of a parent or guardian, may also include: Children and youth living in runaway shelters, abandoned buildings, cars, on the street or in inadequate housing; Children or youth denied housing by their families (also known as "throwaway" children or youth); School-aged unwed mothers who are living in homes for unwed mothers because they cannot or are not allowed to live with their families or guardians and have no other available housing.

Instructions:

Complete this form for a child/youth presenting himself/herself for enrollment while not in the physical custody of a parent or guardian.

To authorize the enrollment in school of a minor, complete items 1 through 4 and sign the form.

To authorize the enrollment and school-related medical care of a minor, complete all items and sign the form. I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named below.

1. Name of minor: _____

2. Minor's date of birth: _____

3. My name (adult giving authorization): _____

4. My home address: _____

5. **Check one or both** (for example, if one parent was advised and the other could not be located):

_____ I have advised the parent(s) or another person (s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

6. My date of birth: _____

7. My state driver's license or identification card number: _____

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature: _____ Date: _____

Newton County School System (NCSS)
Notification of Rights for Homeless Students

This form is to provide parents, guardians, or caregivers, notification of rights for any child or youth experiencing homelessness. A copy of this form will be given to the parent, guardian, or caregiver at the time of enrollment.

Under the McKinney-Vento Homeless Assistance Act, children and youth in homeless situations have the right to:

1. Attend either the local school or school of origin, if this is in their best interest. The school or origin is the school the child attended when he/she was permanently housed or the school in which the child was last enrolled.
2. Receive transportation to and from the school of origin.
3. Receive meals through the food service program.
4. Enroll in school immediately, even if missing records and documents normally required for enrollment.
5. Have access to the same programs and services that are available to all other students.
6. Attend school with children not experiencing homelessness
7. Made aware of Pre-K enrollment.

Parent/Guardian/Homeless Unaccompanied Youth Signature _____

Date _____

Please contact your Homeless Liaison, Khiem Reed for more assistance at 770-787-1330 ext. 3907 or reed.khiem@newton.k12.ga.us