## DISTRICT SCHOOL BOARD OF PASCO COUNTY

MIS Form #140 Rev. 6/10

BACKPACKS



## Students In Transition (SIT) Program Student Residency Questionnaire / Domicile Form

Check all boxes that apply to your children or you	in the case of	a stude	ent not in the	care of a	parent or lega	ıl guardi	an.
A. Is your family residing in any of the following situation  1. Sharing the housing of others due to loss of housing  2. Living in a motel or hotel due to loss of housing or of the staying in a transitional or emergency shelter or FEM.  4. Substandard housing; without electricity, running wards.  5. Sleeping in a car, campground, park or public space.  6. Awaiting Foster Care Placement. (F) How long has the student resided in over the last year?  B. Are you an unaccompanied youth not in the custody of the below the reason for the displacement.  Mortgage Foreclosure (M)  Natural Disasters:   Earthquake (E)   Haiti  Other	ons: or economic hade conomic harde A trailer. (A) [ ter, health code (D) nis student been of a legal paren of your family  Tornado (T) [  lue to a hurricar	ardship ship. (E) SADV violation in your tor guare.	. (B) How long ) How long? VS SUDVS ns, lack of cool care?  Indian? Y	GCCCking capal How es No	Other	nes has th	
No, this student did not move to this district and did not					ar due to a hurrio	cane. (Z)	
If the above is		e, Do N	ot Continue				
E. List ALL children in family:(including infants and too	ddlers)	M/F	D.O.B.	Grade	Last Pasco C child was		
F. List all adults in family:		M/F	Relationship to above children?		Interested in help with GED?		
If you marked any of the numbers 1 through 6 in category A	A, your child ha	s the fol	lowing rights:				
<ul> <li>Child must be immediately enrolled in school even if y</li> <li>Child's enrollment may not be delayed due to lack of p</li> <li>Continued enrollment in the child's school that he/she a zoned.</li> <li>Child can attend classes while the new school secures p</li> <li>If enrollment dispute is made, child can continue to atte</li> <li>Parent can request assistance with transportation to sch</li> <li>Child can participate in school programs with children</li> <li>Child is eligible to receive free lunch.</li> <li>If you have any questions about any of</li> <li>813-794-498</li> </ul>	roof of residence attended before previous school end classes while ool. who are not hor	ey or oth becomin records. le disput meless.	er documents.  ng homeless, of  e is being hear  e, please conta	d and reso	lved.	are curren	ntly
PRINT Parent or Guardian Name Sig		gnature	nature		Date		
(Area Code) Phone Number Stree	t Address				City	State	Zip
<b>School Advocate or Administrator:</b> Based on the above i (ren) is/are eligible for benefits under the McKinney-Vento		test that	to the best of i	my knowle	edge the above n	amed chil	d
PRINT name of school staff member (required)  Title  Signature (required)  Date  SCHOOL STAFF: PLEASE FAX THIS FORM TO THE SIT OFFICE IMMEDIATELY AT #44987							
SCHOOL STAIT, I LEASE TAX THIS		- DII			L I II 11 11 17 17 17 17 17 17 17 17 17 17 17		

CHECK IF THESE MATERIALS WERE PROVIDED: RESOURCE PACKET