



**Section 4.** Name of School: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

**Section 5.** Student is living with friends or family due to economic hardship such as:

\_\_\_\_ Loss of Housing    \_\_\_\_ Loss of Income    \_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section 6.** Student is applying for the following:

\_\_\_\_ Free/Reduced-Price Meals    \_\_\_\_ Transportation to and from school ( when feasible)    \_\_\_\_ Other: \_\_\_\_\_

NOTE: Services provided will be comparable to services provided to all other students attending this school.

**Section 7. Parent or Guardian, please initial agreement to the following:**

\_\_\_\_ YES. I understand and agree that the Homeless Concerns Liaison may contact me.

\_\_\_\_ I will immediately inform the school administrator in writing if any changes occur to this information.

Signature of Parent or Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 8. For School Use Only**

\_\_\_\_ Home School (school within the geographic area of student's current residence)

\_\_\_\_ School of Origin (school attended when permanently housed /last school attended)

\_\_\_\_ GE

\_\_\_\_ Other \_\_\_\_\_

PRINT Name of School Representative: \_\_\_\_\_ Title \_\_\_\_\_

Signature of School Representative: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, the school representative acknowledges that the parent or guardian has been provided with MVA information and a copy of this form.