NOTE TO SCHOOLS/DISTRICTS: Please assist students and families filling out this form. This form should be completed first in registration materials, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet. This form combines the home language survey, foster care contacts, and migrant and homeless identification questions.

Last Name: ___________________________ First Name: ___________________________ Middle: ___________________________

Address: __________________________________________ Phone: ___________________________ Male □ Female □ Date of Birth: ___/___/____

District: ___________________________ School: ___________________________ Grade: _________ ID#: ___________

What language(s)…

Did your child learn when he/she first began to talk? ___________________________

Does your child speak/use? ___________________________

Does your child use the most often at home? ___________________________

Do you use most often to speak to your child? ___________________________

Has your child ever been in an English Learner (EL) Program? Yes □ No □ Unsure □

If your child has attended school outside of the U.S.:

What language or languages did your child learn/use in school? ___________________________

In which country or countries did your child attend school? ___________________________

Circle the grades your child has attended in the United States.

<table>
<thead>
<tr>
<th>PreK</th>
<th>K</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>12</th>
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</table>

Circle the grades your child has attended outside of the U.S.

<table>
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<th>PreK</th>
<th>K</th>
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Would your child be considered a refugee student? Yes □ No □ Unsure □

A refugee student is new to the U.S. within the past three years and left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three (3) years.

Would your child be considered an immigrant student? Yes □ No □ Unsure □

Immigrant students are students who have attended schools in the U.S. for three years (3) or less and may qualify for additional services. If yes, please list:

Country of origin ___________________ (Refugee students: this is the country you originally fled, not the country you lived in most recently.)

U.S. entry date (mm/dd/yyyy) _____/_____/_____

Heritage language __________________
Student Information Form

Would your child be considered a Native American or an Alaska Native student? Yes ☐ No ☐ Unsure ☐

Would your child be considered a Migrant student? Yes ☐ No ☐ Unsure ☐

Migrant students have moved in the past 36 months to join a parent/guardian or spouse who is a migratory agricultural worker.

Is the Student in Foster care? Yes ☐ No ☐

Foster Care Parents ____________________________
Case Manager ____________________________ Agency ____________________________

The answer you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don’t have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)
☐ In a shelter ☐ In a hotel/motel ☐ In a car, park, bus, train station ☐ In permanent housing
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
☐ Other temporary living situation (please describe): ____________________________

Please list all children living with you from Pre-K through high school. If needed, use an additional sheet.

<table>
<thead>
<tr>
<th>Student ID #</th>
<th>First Name</th>
<th>Last Name</th>
<th>Birth Date</th>
<th>School</th>
<th>Grade</th>
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</table>

What type of assistance below would be helpful to you? (check if applicable):

Medical ☐ Dental ☐ Counseling ☐ Homeless Center ☐ School Transportation ☐ School Supplies ☐ Other ☐

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

Date: ____________________________

Print Name of Parent, Guardian, or Student (for unaccompanied homeless youth) ____________________________
Signature of Parent, Guardian, or Student (for unaccompanied homeless youth) ____________________________
<table>
<thead>
<tr>
<th>ADMINISTRATIVE USE ONLY</th>
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<tbody>
<tr>
<td>Notes:</td>
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