

CUSD #20 Families in Transition Program

(in accordance with the McKinney-Vento Homeless Assistance Act)

Registration/Enrollment Form

(Please Print)

Student Name	Birth Date	Male (M) Female (F)	Grade	Ethnicity

CONFIDENTIAL INFORMATION

Complete only if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- ☐ in a shelter
- ☐ With relatives or others due to lack of housing
- ☐ At a train or bus station, park, or in a car
- ☐ In a motel/hotel, camping ground, or other similar situation due to the lack of alternative adequate housing
- ☐ In abandoned apartment/building
- ☐ Temporarily housed in shelter awaiting DCFS permanent foster care placement
- ☐ Disaster victim? Explain: _____
- ☐ Other: _____

Is there a current Order of Protection or No Contact order which concerns this student: Y N

_____, parent/guardian, gives permission for CUSD #20 staff to contact necessary local agencies and community resources for the purpose of facilitating services through Project Home.

Signature

Date