

<b>Return to: Student Support Services</b> <b>Attention: Homeless District Liaison</b> K.C. Wright Administration, 7 <sup>th</sup> floor Phone: 754-321-2574 / Fax: 754-321-2469	<b>The School Board of Broward County</b> <b>HOMELESS EDUCATION PROGRAM</b> <b>(HEP)</b> <b>REGISTRATION FORM</b>	<b>TO BE COMPLETED BY DISTRICT:</b> <b>Spoke to:</b> <b>Date:</b> <b>Other pertinent information:</b>
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**To be completed by School:**      Is this student enrolling as a result of the Haitian Earthquake? yes  no

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person completing this form \_\_\_\_\_ Date: \_\_\_\_\_

Has a referral been sent to the school social worker?      yes  no

**Have you referred the student(s) for health screening services - immunizations and school physicals? If not, call 754-321-2274.**

**To be completed by homeless shelter (only if applicable):**

Name of Shelter: \_\_\_\_\_ Contact: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Schools and shelters must complete the information about the students below:**

Name of Child	Student School ID#	Date of Birth	Sex M/F	* Ethnic Origin	Birth Place (City, State, Country)	Grade Level	Enrolled In School?		Name of School (Please Print)	** Housing Code	Entry Date School
							Yes	No			

**Is the student an unaccompanied youth? (Living without a legal guardian)**      yes  no

**Is the homeless status a result of a mortgage foreclosure?**      yes  no

\* **Ethnic Origin:**      1 - White, Non Hispanic      2 - Black, Non Hispanic      3 - Hispanic      4 - American Indian/Alaskan Native  
 5 - Asian/Pacific Islander      6 - Multi

\*\* **Housing Codes:**      A - Living in shelter      B - Sharing housing of others out of economic necessity      D - Living in cars, parks, , public spaces not designed for regular sleeping accommodations, campgrounds, etc.      E - Hotel/Motel (depending on circumstance, consult District Homeless Liaison for clarification)      F - Awaiting Foster Care

**Parent signature is optional if school personnel are completing and submitting this form to the District Homeless Liaison**

I, \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_, hereby authorize The School Board of Broward County, Florida/Shelter to release the above information

Parent/Guardian Name  
 to the Florida Department of Education for the purpose of counting the number of homeless children in the State of Florida and providing assistance to ensure an appropriate education for each child listed. In addition, information may be discussed to facilitate housing possibilities with homeless shelters.

\_\_\_\_\_  
 Signature of Parent/Guardian      Date Signed      Signature of Homeless Contact Person

The information on this form will be kept confidential and used by The School Board of Broward County, Florida Department of Education and other authorized agencies, to help provide appropriate education for each child listed. Registration for school will not be denied if you refuse to provide the requested information.