



### Enrollment in School of Origin Request Form for Homeless Students

This form should be completed for each homeless child or sibling group seeking enrollment at the school of origin. Once this form is completed, please return to the Homeless Education Liaison and a best interest determination will be made for school enrollment. Contact the Homeless Education Liaison with any questions at 770-443-8000 Ext. 10264.

Fax completed form to 770-443-6014 or email completed form to [dearnhart@paulding.k12.ga.us](mailto:dearnhart@paulding.k12.ga.us)

Name of Student(s)	Date of Birth	Grade	School Name (School of Origin)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List current Living Situation:** \_\_\_ Agency \_\_\_\_\_  
\_\_\_ Affidavit (doubled up) \_\_\_\_\_  
\_\_\_ Hotel/Motel \_\_\_\_\_  
\_\_\_ Campground \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

**Current Address** (including room number): \_\_\_\_\_

**Name of Parent/Guardian** (PLEASE PRINT): \_\_\_\_\_

**Telephone Number** (If you don't have a phone, phone number of someone who can be contacted, including their name and relationship, if any): \_\_\_\_\_

**Is there a need for special instruction** (Special Education or related services)? \_\_\_ Yes \_\_\_ No  
If yes, explain: \_\_\_\_\_

**Are there any issues to be considered when determining school selection?** \_\_\_ Yes \_\_\_ No  
If yes, explain: \_\_\_\_\_

**Enrollment Date:** \_\_\_\_\_ **Has student been withdrawn?** \_\_\_ Yes \_\_\_ No **If so, what is the withdraw date?** \_\_\_\_\_

**Best Interest Determination:**

\_\_\_ School of Origin Approved – If transportation is needed, contact the Homeless Education Liaison  
\_\_\_ School of Origin Denied – Complete Written Notification Form JBC(1)E(5) was given/mailed to parent on \_\_\_\_\_ (date)

Signature of Administrator or Homeless Education Liaison: \_\_\_\_\_