



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

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Enrollment Date: _____ **Has student been withdrawn?** ____ Yes ____ No **If so, what is the withdraw date?** _____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