

HOMELESS STUDENT APPLICATION

Columbus County Schools

Name of School _____

This Report is submitted by _____ Date _____

Title _____

Student Name _____ Grade _____

Eligibility:

___ - Doubled-up housing – (due to hardship)

___ - Name of other family _____

___ - Living in hotels-motels, shelters (including domestic shelters) or (transitional housing shelters)

___ - Campgrounds or inadequate trailer home (no electricity, not meeting County building codes etc.)

___ - Unaccompanied _____

Other _____

Parent/Guardian Name _____

Or

Caretaker _____

(Must be 18 years old)

Local Address _____

City _____ Zip Code _____ Phone _____

Comments

Approved by Liaison: _____

- 1- File copy at the Central Office
- 2- Send a copy to the School