Putnam City Public Schools
Student Enrollment Questionnaire

Student Name:		Today's Date:
Date of Birth:	Grade:	School:

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check one of the boxes below.

Section A

❑ Rent/own my own home or apartment

STOP: *If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.*

Section B

❑ Temporarily with another family member or friend until we can locate affordable housing
❑ In an emergency or transitional shelter
❑ In a vehicle, park, campground, or on the streets
❑ In a house, building, or trailer WITHOUT running water or electricity
❑ In a hotel or motel
❑ With an adult that is not a parent or legal guardian
❑ Alone or in different locations, without an adult serving as a caregiver
❑ Wherever I can find a place to stay at night
❑ Other Please Explain:

If you checked a box in section B, in the space below please list all children currently living with you who attend Putnam City Public Schools.

First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? ❑YES ❑NO

The undersigned certifies that the information provided is correct and accurate.

(**Print) Parent/Guardian or Adult Caring for the Student**: _____

Relationship to the Student: _____ **Signature:** _____

_____

Street Address **City** **State** **Zip**

Phone Number: _____ **Email Address**: _____