

St. Johns County School District, Student Services Homeless Identifier

Last Name: _____ First Name _____ Middle _____

Date of Birth: _____ Pupil No. _____ Grade _____

School of Enrollment _____

Address: _____

Parents Name: _____

Contact #: _____

Homeless Student PK-12

Notes:

	Code	Description
<input type="checkbox"/>	A	In emergency or transition shelter
<input type="checkbox"/>	B	Share w. others due to hardship
<input type="checkbox"/>	D	In cars / bus / parks etc
<input type="checkbox"/>	E	Hotels/ motels
<input type="checkbox"/>	N	Not homeless this school year
<input type="checkbox"/>	U	Night residence unknown

Homeless Unaccompanied Youth

	Code	Description
<input type="checkbox"/>	N	Homeless, not unaccompanied youth
<input type="checkbox"/>	Y	Homeless w/o parent or guardian
<input type="checkbox"/>	Z	Not applicable

Signature _____ Date _____

Please return to Student Services: ATTN: Raymond Randolph, 819-7589; Fax: 819-7595; email: randolr@stjohns.k12.fl.us