



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

Homeless Student Services Form

Email to fdussan@smmusd.org

Please fill out entire form.

| | | | |
|---------------------------------------|--------------------------------|---|--------|
| Student (Last Name) | First Name | Grade | School |
| Adult (Last Name) | First Name | Relationship to Student Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> | |
| Contact Phone Number | Other Emergency Contact Number | | |
| Date of Arrival at Temporary Location | Expected Length of Stay | | |
| Address of Current Residence | City, State | Zip Code | |
| Last Permanent Address and Date | | | |

If your address changes, please contact registrar at school site to update information, you must advise us within 10 days.

CHECK THE ONE OPTION THAT BEST DESCRIBES YOUR NIGHT TIME RESIDENCE:

- In a shelter (name of shelter) _____
- In a motel or hotel (name of motel/hotel) _____
- In a transitional housing program (name of program) _____
- In a car, trailer or campsite, temporarily due to inadequate housing
- In a trailer/motor home on private property
- In a garage due to loss of housing
- Temporarily in another family's house or apartment due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster)
- Temporarily with an adult that is not the parent/legal guardian due to loss of housing
- Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain): _____

Please provide the information below about school-aged children in your care.

| Name of Child | Date of Birth | Grade | Last School Attended | Last Date Attended | Special Education Yes or No |
|---------------|---------------|-------|----------------------|--------------------|-----------------------------|
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Is the student a teen parent? Yes No **Is the student an unaccompanied youth?** Yes No **Is the student a runaway?** Yes No

Homeless Student Services Form

NOTE: There may be other school fees in the future that you cannot afford to pay. If this happens, you can ask the Principal at your child's school to waive the fee.

Services may be available for your child(ren). Please check any service needed.

SCHOOL-BASED SERVICES

- Assistance with enrollment
- Assistance obtaining school records
- Tutoring or homework assistance
- Implementation of IEP or 504 Plan
- Application for school meals (Free/Reduced Lunch)
- School supplies
- Transportation (Bus Passes/Tokens) *

REFERRAL SERVICES

- Medical, dental, vision care
- Food assistance
- Clothing assistance
- Social services
- After-school care
- Other _____

Please identify any other problems or questions you have about your child's schooling:
We will try to answer your question(s). We will also try to help you solve any school problems your child might have.

Parent/Guardian Signature: _____ **Date:** _____

***IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE, SIGN THE AFFIDAVIT BELOW. I need assistance from SMMUSD, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes, our address changes or we no longer require this assistance.**

Parent/Guardian's Signature: _____ **Date:** _____

NOTICE TO THE PARENT/GUARDIAN: If for any reason the school does not provide you with the services you requested, you must be told why in writing. You have a right to appeal any denial of enrollment, transportation, services or waiver of fees. When this form is completed, you should be given a copy of it and a blank Appeal Form. If the school does not give you a copy of the form, please request a copy.

For Office Use Only:

Student Name _____ ID# _____ Student Name _____ ID# _____



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

Homeless Student Services Appeal Form

To be completed only if placement request is denied.

| | | | |
|--|------------|---|----------|
| Student (Last Name) | First Name | Grade | School |
| Adult (Last Name) | First Name | Relationship to Student Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> | |
| Address of current residence: | | Hotel: Hotel Receipts received <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Agency/Shelter: | | Letter from Agency/Shelter Received: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Contact Phone Number | | Other Emergency Contact Number | |
| Date of Arrival at Temporary Location: | | Expected Length of Stay: | |
| Last Permanent Address: | | City, State | Zip Code |
| Date of Last Permanent Address: | | | |

You have a right to appeal any denial of enrollment, transportation, services or waiver of fees.

Please complete the form and return to:

Dr. Francisco Dussan, Director of Pupil Services
1717 4th Street
Santa Monica CA 90401
(310) 450-8338, Ext. 70-217
Email: fdussan@smmusd.org

Describe the nature of your request:

School Name: _____

Date(s) of attempted enrollment/requests: _____

Name of personnel with whom you spoke: _____

| | |
|---------------------------------|-------------------------|
| **Date Appeal Submitted : _____ | Appeal Resolution _____ |
|---------------------------------|-------------------------|