

Notification sent to other building(s):  $\Box$ 

Free lunch marked in system:  $\Box$ 

Completed by:

## **Families in Transition Form**

	Date:	
Check ONLY those that apply:  Living in a shelter (code 10)	Are you living without your parent/guar	rdian? 🗆 Y 🗀
☐ Living in a hotel or motel (code 14)	.,	
☐ Unsheltered (code 15)		
$\ \square$ Transitional Program through Housing Help (code	11)	
Living in a shelter (code 10) Living with friends or relatives temporarily (code 13) Living with friends or relatives temporarily (code 13) Living in a hotel or motel (code 14) Unsheltered (code 15) Transitional Program through Housing Help (code 11)  STOP  If none of the above apply, please disregard this form.  STOP  Parent(s) Person(s) acting as a parent in the absence of parent or guardian Self  Address  Home Phone:  Building  Grade  Parent(s)  Building  Grade		
STOP If none of the abo	ONLY those that apply:  ing in a shelter (code 10)  ing with friends or relatives temporarily (code 13)  Placed in Foster Care?    Y   N  ing in a hotel or motel (code 14)  insheltered (code 15)  ansitional Program through Housing Help (code 11)    STOP   If none of the above apply, please disregard this form.	
	erson(s) acting as a parent in the absence of par	ent or guardian
. ,	ess	
1		
2		
Cell Phone:	Home Phone:	
Name of Student(s)		Grade
1.	<del></del> -	
2.		
3.		
4.		
<ul> <li>Immediate enrollment while receiving assista</li> <li>Immediate enrollment without a permanent a</li> <li>Students may continue to attend the same so</li> <li>Transportation assistance is provided to and f</li> <li>School supplies, clothing assistance and perso</li> </ul>	nce retrieving birth certificates address hool they attended prior to the temporary move from school anal care items	e
Date sent to FIT Coordinator:	·	
1	Capp. C.ca	

Signature:

Form returned to building(s):  $\Box$ 

Date: