

### Pittsylvania County Schools Housing Status Form

Return completed form to the Director of Assessment & Accountability.

Student's Name _____ (First Name, Middle Initial, Last Name)	Grade _____
Date of Birth _____ (Month, Day, Year)	Hispanic ____ Yes ____ No Race _____

Name of Parent/Guardian _____	
Are you currently experiencing a loss of housing due to foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Phone Number for Parent/Guardian _____	
Address Where Parent/Guardian Is Presently Living _____ _____	
Address Where Student Is Presently Living (You may write "same as above," if applicable.) _____ _____	
Name of Person(s) with Whom Student Presently Resides _____	
Relationship(s) to Student _____	
Check the appropriate box(es) for the student's home environment?	
<input type="checkbox"/> Living with one parent	<input type="checkbox"/> Living with relative(s)
<input type="checkbox"/> Living with two parents	<input type="checkbox"/> Living with friend(s)
<input type="checkbox"/> Living with one parent and another adult	<input type="checkbox"/> Alone with no adults
<input type="checkbox"/> Living with adult(s) but <u>not</u> living with a parent or relative	
Check the appropriate box for the student's living arrangements?	
<input type="checkbox"/> Living in a car	<input type="checkbox"/> Living in a hotel/motel
<input type="checkbox"/> Living in an emergency/homeless shelter or church	<input type="checkbox"/> Living in a house or mobile home
<input type="checkbox"/> Living in a camper	<input type="checkbox"/> Living in multiple houses

Names of Schools Previously Attended This Year _____ _____	
School District That Student Last Attended _____	
School That Student Last Attended _____	
With whom was the student living at that time? _____	
Date Entered Previous School (Month/Year) _____	
Date Withdrawn from Previous School (Month/Year) _____	
How was the student being transported to school	<input type="checkbox"/> School Bus <input type="checkbox"/> Private Transportation

**My signature below affirms that information provided on this form is true and accurate. I understand that the Code of Virginia, Section 22.1-264.1, specifically states that, "Any person who knowingly makes a false statement concerning the residency of a child . . . shall be guilty of a Class 4 misdemeanor."**

Parent's/Guardian's Signature	Date
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