



Homeless Children's Initiative

Westmoreland Intermediate

Referral/Service Request

PLEASE PRINT

Student Name _____

Date of Birth _____

Parent(s)/Guardian Name _____

Relationship _____

Current Address _____

City State ZIP _____

Previous Address/ State/ZIP _____

Shelter _____ Unaccompanied Youth ___ Other (specify) _____

Phone _____

Cell Phone _____

Date of enrollment _____

Anticipated Class Start Date _____

Date Form Completed _____

Former School District _____

Former School _____

Is this the school district of origin? ___ yes ___ no If no, what is _____

Date and nature of event causing homelessness: _____

New School _____

Method of Transportation _____

District Transporting _____

Guidance Counselor or Teacher (Homeroom if High School) _____

Grade _____

Special Needs/Disabilities _____

Attendance/Discipline Issues _____

Notes/Supplies Needed _____

Agency Referrals _____

Younger Children in family _____ (Y or N) Ages _____

Migrant _____ (Y or N)

ESL _____ (Y or N)

CTC _____ (Y or N)

Referred by _____ Title _____

School District _____ Phone _____