KENNEWICK SCHOOL DISTRICT
STUDENT(S) IN TRANSITION

Students Name-LAST/First	Sex	M	F	Phone #	Parent's/Guardian's
	Age			Home:	
	DOB			Cell:	
Who are you living with:	Current School:			Enrolled in School:	Teacher's Name:
Name:					
Address:	Grade:			Student ID Numbers: School ID#	State ID#
City Zip	Comments / Notes:				
Relationship to applicant					

Please indicate the child's living situation:

[□] Doubled-up* [□] Motel/Hotel [□] Shelter [□] Unsheltered** [□] Temp. Foster Care

↓ ↓

Name_____ Name _____ [ ] Unaccompanied Youth

*** Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason.**

**** Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned in hospital, or other location not ordinarily used as sleeping accommodations5105**

*Please check the following services that are **needed**:*

[ ] Transportation	[ ] Clothing (only if needed)	[ ] Missing enrollment records
[ ] Free breakfast/lunch	[ ] Tutoring	[ ] Birth certificate
[ ] School supplies	[ ] After school programs	[ ] Immunizations/medical record
[ ] Special Education	[ ] Vocational/Technical	[ ] Vision referral/glasses
[ ]Gifted/Talented	[ ] Counseling	[ ] Guardianship issues
[ ] Migrant Program	[ ] Medical/dental referral	[ ] Preschool enrollment
[ ]Bilingual program	[ ]No Services Requested	

Please list brothers and sisters of applicant in the home:

Last Name/First Name	Sex	Age	DOB	Grade	School	School ID # / State ID #

Parent / Guardian Signatue _____Date _____

Building Representive: _____Date _____.

District Liaison Signature: _____ Date _____.

RETURN ORIGINAL TO: Christina Socwell – KSD Administration Center, 1000 W. 4th Ave. Kennewick, WA 99336

School Supplies

Clothing: Specific **Items and Sizes** for children and youth enrolled/enrolling in school **(small, medium large, etc**)