

Tracking Form for Homeless Children and Youth

The purpose of this form is to help ensure appropriate education for each school-aged child listed. Please rest assured that the information on this form will be kept completely confidential. Registration for school will not be denied if you refuse to provide the information. Please fill in as much information about each child as possible. Thank you for your assistance.

Name of school: _____

Principal: _____

Student Name	Date of Birth MM/DD/YY	Gender M/F	Ethnicity* (See codes below)	Current Housing ** (See codes below)	Grade Level

***Ethnicity:** **01**- American Indian/Alaskan Native **02**-Asian **03**-Black (Non-Hispanic)
04 – Hispanic **05** – White (Non-Hispanic) **06**-Native Hawaiian or Other Pacific Islander
00-Unspecified

****Housing:** S-Shelter H/M-Hotel/Motel C-Campsite R/F-Relative/Friend O-Other

Note: If "Other" is listed for Housing, please provide additional details below. Thank you.

Other:

I, _____ (Parent/Guardian), hereby authorize Bedford County Public Schools to release this information to the Virginia Department of Education for the purposes of counting the number of homeless children in the Commonwealth of Virginia and providing assistance to ensure an appropriate education for each school-aged child listed above. I understand that all responses will be kept completely confidential.

Signature of Parent/Guardian: _____

Date: _____