 Form JBC(1)-2

**SCHOOL OF ORIGIN REQUEST FORM**

This form should be completed by the school for each homeless child or sibling group seeking to continue enrollment at their school of origin. The school administrator or Homeless Liaison will make the best interest determination for school placement. Contact the Homeless Education Program office at 678-503-0173 with questions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | School of Origin: |  | Enrollment Date: |  |

|  |  |
| --- | --- |
| Name of student(s) (PLEASE PRINT): |  |

|  |  |
| --- | --- |
| Birth Date(s): |  |

|  |  |
| --- | --- |
| Name of parent/guardian (PLEASE PRINT): |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Current living situation: |  | Agency: | |  | | |
|  | Doubled Up (sharing housing due to housing loss, hardship, or similar | | | | |
| reason: | |  | | |
|  | Hotel/Motel: | | |  | |
|  | Unsheltered (car, park, etc): | | | |  |
|  | Other: |  | | | |

|  |  |
| --- | --- |
| Current Address: |  |

|  |  |
| --- | --- |
| Telephone Number(s): |  |

If not available, phone number of someone who can be contacted and their relationship, if any.

Factors to be used to determine the student’s best interest:

|  |  |  |  |
| --- | --- | --- | --- |
| Age of Student(s): |  | Grade(s): |  |

|  |  |
| --- | --- |
| Approximate distance in miles to the school of origin: |  |

|  |  |
| --- | --- |
| How will the commute impact the education of the student(s): |  |

Are there known personal safety issues?  Yes  No

|  |  |
| --- | --- |
| If yes, explain: |  |

Is there a need for special instruction? (Special Education or related services)  Yes  No

|  |  |
| --- | --- |
| If yes, explain: |  |

|  |  |
| --- | --- |
| Anticipated length of stay at the address listed above: |  |

|  |  |
| --- | --- |
| Time remaining in school year: |  |

Are there other issues to be considered when determining school selection?  Yes  No

|  |  |
| --- | --- |
| If yes, explain: |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*School Use Only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Fax completed form to HEP Office at 678-594-8563

**Best Interest Determination:**

Request approved to remain in School of Origin. Is transportation needed?

Request denied. Student attends local school. Local school administrator must complete Form [JBC(1)-4].

Signature of Administrator or Homeless Liaison: Date: