

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 be 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 with this important project.

Name of School: _____

Principal: _____

Student Name	Social Security Number	Date of Birth	Gender	Ethnicity	Current Housing	Grade Level

***Ethnicity** 1 – Native American/Alaskan Native 2 – Asian/Pacific Islander
 3 – African American 4 – White (not Hispanic Origin) 5 – Hispanic

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

***Please note on the back of this form any information about children’s housing listed above as “other”.

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

 Signature of Parent/Guardian

 Date