

Affidavit for Missing Enrollment Documentation

addres	ordance with the McKinney-Vento Homeless Assistance Act (P.L. 107-110), states and localities are required to s barriers to the enrollment of students meeting the definition of "homeless". Your completion of this affidavit will te the enrollment of your child(ren) (or of your own enrollment if you are an unaccompanied youth).
	(name), based on my personal knowledge, answer the ng questions concerning the missing documentation necessary for student enrollment in Everett Public Schools. In documents include:
	Proof of Residency Immunization Record(s) Proof of Guardianship School Physical/ Health Records Proof of Identity School Record(s) Birth Certificate
1.	What is your full name? (name of person completing form)
2.	What is (are) the full name(s) of the student(s) you wish to enroll in Everett Public Schools?
3.	What are the age(s), date(s) of birth, and birthplace(s) of the student(s) being enrolled in Everett Public Schools?
4.	Who are the parents or legal guardians of the student(s) being enrolled? (If you are an unaccompanied youth, please list your parent(s), legal guardian(s), or other adults who help take care of you, such as relatives, caregivers, social workers, etc.)
5.	Where is (are) the student(s) currently living? Include the address and type of housing.
6.	Do you have legal custody imposed by a court order or have you been designated as a court-appointed guardian for the student(s) being enrolled? If YES, what court entered such order and what type of case was it (e.g., custody hearing, etc.)?
7.	Why are you unable to present a copy of documentation for the items checked above for the student(s) you are enrolling?
8.	To the best of your knowledge, has this student (have these students) ever been reported to any law enforcement agency as a missing child (as missing children)? If YES, identify by name and address the law enforcement agency to which the child was reported missing and the date of the report.
In orde	er to help Everett Public Schools locate missing information, please provide the following:
Last sc	hool(s) attended (city or county, and state):
	or medical facility where the student(s) was (were) immunized or received medical treatment (name of facility, city nty, and state):

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