



CONFIDENTIAL
STUDENTS-IN-TRANSITION OFFICE(S-I-T)
 801 NORTH 11TH STREET – ST. LOUIS, MO 63101
 Phone # 314-345-4501/4404/2401/4491 – Fax # 314-345-4411

STUDENTS-IN-TRANSITION INTAKE FORM

Student ID:			
Name:		Birth Date:	
School:	Grade:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:		Zip Code:	
Previous Address:		Zip Code:	
Parent/Guardian:			
Phone:		Emergency Phone:	
Displacement Date:		Explain (optional):	
RETURNING FAMILY: YES <input type="checkbox"/> NO <input type="checkbox"/>		Most recent date of services:	
Family Requesting Transportation: YES <input type="checkbox"/> NO <input type="checkbox"/> (if yes): BUS <input type="checkbox"/> TAXI <input type="checkbox"/>			

Check the option that best describes with whom the student resides.

(Please note, legal guardianship may only be granted by the court. Students living on their own or with friends/

<input type="checkbox"/> Parent(s)
<input type="checkbox"/> Legal Guardian(s) who is not a parent(s)
<input type="checkbox"/> Caregiver(s) who are not legal guardian(s) Examples: Friends, relatives, parents of friends, etc...
<input type="checkbox"/> Residential Facility
<input type="checkbox"/> Living alone as a minor student(s) without an adult, unaccompanied youth, as explained above.

Presently, you and/or your family are living in the following situation...

<input type="checkbox"/> Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
<input type="checkbox"/> Sharing the housing of others due to loss of housing, economic hardship or similar reason (Double Up)
<input type="checkbox"/> Living in a car, park, campground, abandoned building, or other inadequate accommodation
<input type="checkbox"/> Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
<input type="checkbox"/> Living alone as a minor student(s) without an adult, unaccompanied youth, as explained above.
<input type="checkbox"/> Other

The undersigned parent/ guardian/ student certify that the information provided above is accurate.

Parent/ Guardian/ Student Name (Print)	Signature	Date
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Comments or Notes: Please enroll student as per the McKinney-Vento Homeless Assistance Act reauthorized 2015 by the Every Student Succeeds Act.

SLPS/SIT staff assisting with this process:	Date:
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