



BLISSFIELD COMMUNITY SCHOOLS

630 S. Lane St. • Blissfield, MI 49228
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Mark Willson, Director of Student Services
Kerri Judkins, School Counselor

Mike Bader, High School Principal
Scott Riley, Superintendent

Student in Transition – Missing Documents

Student Name: _____

Name of Person Completing Form: _____

Relationship to Student: _____

School District/Building: _____

Indicate which documents are missing:

_____ Proof of residency _____ School physical/health records

_____ Proof of guardianship _____ School records

_____ Proof of identity _____ Other (please describe):

_____ Birth certificate _____

_____ Immunization records

You are being asked to answer the following questions because you are unable to provide the enrollment documents checked above that are required for enrollment. In accordance with the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11431 et seq.) states and localities are required to address barriers to the enrollment of students meeting the definition of homeless. Your completion of this information will facilitate the enrollment of your child (or of your own enrollment if you are an unaccompanied homeless youth).

1. Please list the age, date of birth, and birthplace of the students being enrolled.

2. If the person completing this form is someone other than the parents, legal guardians, or other persons with legal custody of the student(s) being enrolled, please list the names of the parents, legal guardians, or custodians. (If you are an unaccompanied youth, please list your parents, legal guardians, or other adults who help take care of you, such as relatives, caregivers, social workers, etc.)

3. 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? What court entered such order and what type of case was it (e.g., custody hearing, etc.)?

4. Why are you unable to present a copy of the checked items?

5. In order to help the school district locate missing information for each of the students enrolling, please give the following information:

Last school attended (name of school, city or county, and state):

Clinic or medical facility where immunizations or medical treatment was received (name of facility, city or county, and state):

Date

Signature of Person Completing Form