

**SECTION D (SPECIAL CIRCUMSTANCES): Please indicate if any of the following apply.
Please complete both pages of this document**

_____ The student is the child of a parent or guardian who has moved to Mount Holly School District from another district as the result of being a family in transition and is residing as a guest with a Mount Holly resident.

_____ The student is the child of a parent or guardian who has moved to Mount Holly School District from another district as the result of being a family in transition and has been placed in transitional housing by a state or local agency.

_____ The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)

_____ The student has been placed in the district by the Division of Youth and Family Services acting as the student's legal guardian.

_____ The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency

_____ The student is kept in a home of a person domiciled in the district, other than the parent or legal guardian, and the parent/guardian a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty?

_____.

_____ The student resides on federal property? Where? _____
street address, town, state

_____ The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by Mr. James DiDonato, Superintendent, for further information.

If you experience difficulties with the enrollment process, please contact:
Mr. James DiDonato, Superintendent, Mount Holly School District, (609) 267-7108, for assistance.

Parent Name: _____ **Parent Signature:** _____

Address: _____ **Student Name:** _____

Sworn to and subscribed before me this _____ day of _____ 20____.

(Signature of Notary)

MOUNT HOLLY TOWNSHIP PUBLIC SCHOOLS - MOUNT HOLLY, NEW JERSEY
TRANSITIONAL FAMILY IDENTIFICATION FORM

FORM MUST BE COMPLETED IN FULL

TRANSITIONAL FAMILY LIAISON: Robert Mungo, Homeless Liaison

Child's Legal Name: _____ Birth Date: _____

Grade: _____ School: _____ Special Ed.: Yes___ No___

Parent/Guardian Name: _____ Phone Number: _____

Employer's Name: _____ Work #: _____

PRIMARY NIGHTTIME RESIDENCE

Current Address: _____ Projected Length of Stay: _____

Check one below:

Shelter___ Family Member: ___ Hotel/Motel: ___ Other: (please explain) _____

Transition caused by (Reason you left your last permanent address listed below): _____

Are you financially contributing to the household? YES ___ NO ___

If yes, list financial breakdown of contribution. (Please include amounts and specify i.e. rent, utilities, food, etc.)

_____ \$ _____, _____ \$ _____, _____ \$ _____,

LAST PERMANENT ADDRESS THAT YOUR NAME WAS ON A LEASE OR MORTGAGE:

_____, _____ **Please check one:** Rent ___ Own ___
Street Address (Apt. Number) City/Town State

Date you moved from this address Length of stay at this address

REVIIOUS SCHOOL HISTORY:

District Name: _____

School Name: _____ Phone #: _____ Grade: _____

Parent Consultation: I, the parent/guardian understand that the district of residence will make the decision for placement based upon the best interests of the child after consulting with me. If I disagree with that decision, I know that I may appeal to the County Superintendent of Schools. It is my wish that my child:

Return to register in Mount Holly **Request to return to the student's former district** **Other**

I am the legally approved parent/guardian and I am authorized to sign this document.

Signature of Parent/Guardian

Date

OFFICE USE ONLY

Name of School Assigned: _____ Grade: _____

Special Education: ___ Yes ___ No

Resident District Liaison: _____

Phone#: _____ Fax #: _____

Recommendation: _____

District Responsible for Tuition: _____

Start Date: _____ Exit Date: _____

Moved to: _____