



Clarksville-Montgomery County Schools  
621 Gracey Avenue – Clarksville, TN

**SCHOOL F.I.T. P.O.C. USE ONLY**

Received \_\_\_\_\_ by \_\_\_\_\_  
Approved/Denied \_\_\_\_\_ by \_\_\_\_\_  
Decision Reason \_\_\_\_\_  
\_\_\_\_\_

**Families in Transition (FIT) Affidavit (FPC-F006)**

Student's Name (List all CMCSS students in the family): \_\_\_\_\_  
\_\_\_\_\_

Enrolling/Current School(s): \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Although I do not own or rent a residence, this is to certify that I am the custodial parent of my child named above (or the actual child if not accompanied by a parent/guardian) and we/I are/am a Family in Transition (i.e. we lack a fixed, adequate and regular nighttime residence.)

1. We are currently residing at the following address/location:

\_\_\_\_\_  
Street Address City State Zip Code

2. Our prior residence was

\_\_\_\_\_  
Street Address City State Zip Code

3. My/my child's former school was: \_\_\_\_\_

4. We became displaced on (date): \_\_\_\_\_

By signing this Affidavit, I attest that the above information is true and accurate to the best of my knowledge. I understand that signing this Affidavit does not mean that I am approved for the Families in Transition (FIT) Program, and I will be contacted once a decision is rendered on my family's status.

Parent/Guardian/Emancipated Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_