

FIT (McKinney-Vento) Application – Unaccompanied Student

Section 1 – Student	
Legal Last Name:	
Legal First Name:	
Date of Birth:	
Are you currently living with (or in the physical care of) your parent or legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Contact Method: <input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Text Message
Best phone number:	Best email:
Previous residence address (please provide the full address, including the city, state, and ZIP code):	
Current residence address (If you are living in vehicle or other unsheltered location, please describe the area of Clarksville-Montgomery County where you mostly stay):	
Name of the school you attended at the time of your housing loss (please include the city and state):	
CMCSS school where you are currently enrolling or attending: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Kenwood Middle <input type="checkbox"/> Kirkwood Middle <input type="checkbox"/> Montgomery Central Middle <input type="checkbox"/> New Providence Middle <input type="checkbox"/> Northeast Middle <input type="checkbox"/> Richview Middle <input type="checkbox"/> Rossvie Middle <input type="checkbox"/> West Creek Middle </div> <div style="width: 33%;"> <input type="checkbox"/> Clarksville High <input type="checkbox"/> Kenwood High <input type="checkbox"/> Kirkwood High <input type="checkbox"/> Montgomery Central High <input type="checkbox"/> Northeast High <input type="checkbox"/> Northwest High <input type="checkbox"/> Rossvie High <input type="checkbox"/> West Creek High </div> <div style="width: 33%;"> <input type="checkbox"/> K-12 Virtual <input type="checkbox"/> Adult High School <input type="checkbox"/> Alternative School <input type="checkbox"/> Middle College </div> </div>	
Which of the following best describes your current residential situation? <input type="checkbox"/> I am doubled up with another person, or a family in their residence (apartment/house) <input type="checkbox"/> I am living in a transitional shelter (Salvation Army, Safe House, etc.) <input type="checkbox"/> I am living in a hotel/motel <input type="checkbox"/> I am living in a vehicle <input type="checkbox"/> I am living unsheltered (tent, park, campground, alley, abandoned space, etc.) <input type="checkbox"/> Other (please describe)	
Do you have any siblings who are currently living in circumstances similar to yours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On approximately what date did you become displaced from your residence?	

Please mark any of the following for which you need assistance:

- ☐ School Supplies
- ☐ School clothing
- ☐ Academic support
- ☐ Assistance finding permanent housing
- ☐ Assistance with household food
- ☐ Assistance with medical care
- ☐ Assistance with mental health counseling
- ☐ Assistance obtaining documents (birth certificates, immunization reports, etc.)
- ☐ Other (please describe)

By signing below, I am affirming the following:

1. The information I have provided on this form is true and accurate to the best of my knowledge or belief.
2. The same information, as well as other information that may identify me, may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration with this school district.
3. The same information, as well as other information that may identify me, may be shared without my consent with other CMCSS staff members for a legitimate educational purpose.
4. My signature affirms that I have received a copy of my rights under the McKinney-Vento Act and the Every Student Succeeds Act (ESSA).

Signature: _____ Date: _____