



Rockingham County Schools Student In Transition Form
2023-2024

OFFICE USE ONLY

ID # _____

1. Circle One: I am the parent/legal guardian or I am an unaccompanied youth.

Student's Name _____ Grade _____

Age _____ Date of Birth _____ Gender (circle one): Female Male

Ethnicity: (Must select one) [] Hispanic/Latino [] Not Hispanic/Latino
Race: (Must select at least one) [] Black or African American [] Asian [] White
[] American Indian or Alaska Native [] Native Hawaiian or Other Pacific Islander

The child's current school is _____

Does the student have special education needs? _____ If yes, what are they? _____

2. My name is _____ Relationship to child _____

I am currently staying at this address:

Street _____

City _____ State _____ Zip _____

How long do you expect to stay at this address? _____

I get my mail at _____

Preferred Method of Contact _____

Phone number where I can be reached _____ Work Number _____ Cell Number _____

Email Address _____

If staying in a shelter, list shelter name and phone number _____

Mother's Name (Optional) _____ Father's Name (Optional) _____

3. Please check one:

[] I wish to have my child continue in his/her current school for the remainder of the _____ school year.

School of origin/current school _____

[] I wish to enroll my child at the new school for the address at which I am currently staying. New attendance zone school _____

4. My current living arrangement or I as an unaccompanied youth live in the following situation: (check one)

- [] My child and I live with a friend, relative or someone else because we lost our home or cannot afford housing.
[] My child and I are staying in a hotel, motel or campground due to lack of adequate alternative accommodations.
[] My child and I are living in an emergency shelter, transitional shelter or a domestic violence shelter.
[] My child and I have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

If you checked one of the boxes, you may be defined as Homeless by the McKinney-Vento 2001 Reauthorization Act and eligible for services.



5. I understand that this form pertains to the child's placement in Rockingham County Schools only for the current school year.

6. List names of all other children living in the home.

Table with 3 columns: First, Middle, Last Name; Age / Birth Date; School. Includes four rows of blank lines for data entry.

7. How will you or your children get home today? _____

_____ I am requesting transportation for the following children:

Transportation TO SCHOOL is requested from (where child will be picked up in the morning):

Address _____

Transportation FROM SCHOOL is requested to (where child will be taken after school):

Address _____

(If this is a child care facility, include the name, address and telephone number of the facility)

_____ I DO NOT need transportation for my child to or from school. (Please Initial)

8. I understand that if the information on this form is false, the child may be removed from the school. The district will give notice of an opportunity to appeal the removal in accordance with the district policy.

9. Parent/Guardian or Unaccompanied Youth Signature _____ Date _____

School Administrator (Designee) _____ Date _____

Copies given to: Parent, School, and Social Workers.

Email to: McKinney-Vento Liaison - avernon@rock.k12.nc.us
Transportation Department acox3@rock.k12.nc.us
Child Nutrition Department - lcoleman@rock.k12.nc.us
McKinney-Vento Asst. - jtharrington@rock.k12.nc.us
School Social Worker