

Summerfield Schools *Families in Transition* Questionnaire

This questionnaire determines if services are available through the Summerfield Schools Families in Transition Program. Services could include free meals, transportation, or assistance with other school-related expenses as needed.

A. Student's Name: _____

Student's Address: _____

Student's Grade: _____

Name of Parent/Legal Guardian/Responsible Party: _____

Phone #: _____ Alternate Phone #: _____

B. Check all that apply:

- _____ Living with friends or relatives temporarily
- _____ Living in a shelter
- _____ Living in a hotel, motel or campground
- _____ Student living alone or not in the same home with parent or legal guardian

Note to Office Personnel: If any items are checked in section B, please forward this form to Jennifer Schrylander, the *Families in Transition* Coordinator.