



South Colonie School District

Enrollment Form

102 Lorelee Drive, Albany, NY 12205 (518) 869-3576 ext. 2454

Residency Questionnaire

Name of LEA South Colonie Schools

Name of School _____

Name of Student _____

Gender M _____ F _____ Date of Birth ____/____/____ Grade _____

Address _____ Phone _____

Where is the student currently living? (Please check one given below)

In a shelter

With another family or other person (sometime referred to as “doubled up”)

In a hotel/motel

In a car, park, bus, train, or campsite

Other temporary living situation (Please describe) _____

In permanent housing

Print name of parent, guardian, or student
youth)
(for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied

Date _____

If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.