



PART I: STUDENT INFORMATION

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_
Date of Home Visit \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Home Visit \_\_\_\_:\_\_\_\_ am/pm
School \_\_\_\_\_
Parent/Guardian \_\_\_\_\_
Address \_\_\_\_\_
Street City State Zip Code
Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_
Other Parent/Guardian \_\_\_\_\_
Address (if different address) \_\_\_\_\_
Street City State Zip Code
Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_
Name of siblings who attend LCPS:
Last \_\_\_\_\_ First \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_
Last \_\_\_\_\_ First \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_
Last \_\_\_\_\_ First \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_

PART II: RESULTS OF HOME VISIT (Check all that apply):

[ ] Residency confirmed by:
[ ] Observation of parent/legal guardian in residence at time of the visit
[ ] Consultation with property management staff
[ ] Current lease produced
[ ] Other \_\_\_\_\_
[ ] Other \_\_\_\_\_
[ ] Evidence of shared housing:
[ ] Shared housing form provided to parents
[ ] Parent informed that shared housing form must be returned to school by \_\_\_\_/\_\_\_\_/\_\_\_\_
[ ] Other \_\_\_\_\_
[ ] Residency not confirmed:
[ ] Property appears vacant
[ ] Repeated visits on \_\_\_\_\_ found no one at home
[ ] Consultation with property management staff
[ ] Neighbor reported residents moved
[ ] Other \_\_\_\_\_

Additional comments (as necessary):

\_\_\_\_\_  
Signature, School Staff Participating in Home Visit
\_\_\_\_\_  
Signature, School Principal
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date