

Karns City Area School District

1446 Kittanning Pike Karns City, Pennsylvania 16041 (724) 756-0521 FAX: (724) 756-2121

STUDENT RESIDENCY STATEMENT (SRS)

| chool: | | Date: | | |
|---|--|---|--|--|
| udent Name (PLEASE PRIN | IT): | Birth date: | Grade: | |
| ease list all of YOUR other p | preschool and school-aged child | ren currently living | with you (PLEASE PRINT): | |
| ame: | Birth date: | Scho | ool: | |
| ame: | Birth date: | Scho | ol: | |
| ame: | Birth date: | Scho | ool: | |
| ÷ | | | nle: evicted from home, etc.) | |
| Explain: _ □ Long-term □ Other (plea | , cooperative living arrangemer ase specify): | t to save money or a | a similar reason | |
| In a motel, hotel, c Lack of alt | ampground or similar setting du ternative adequate accommodat ent living arrangement or waitin ase specify): | e to: (check one) ons, explain: g for apartment or h | | |
| In emergency or tr housing through th Have a primary nig sleeping accommon | ansitional shelters such as dome the Center for Community Resound the center for Community Resound | estic violence or hor rces or other shelter not designed for or | or agency. ordinarily used as a regular | |
| 2. How long do you antic | cipate living at this location? | | | |
| Current Address: Phone Number: | | nber: | | |
| | ceipt of the Information on the attack to this form, which is also loc | | | |
| Students living in some tra | nsitional situations may qualify tion Program (HEP) office staf | | | |
| Parent/Guardian/Unaccom | panied Youth Signature | Date | | |

For more information contact the HEP office at 724-445-3680 Completed forms should be returned or faxed to the HEP office at 724-445-2776 (fax)