

Missing Enrollment Documentation Declaration

Form Facts

What: Use this form if you are enrolling a student who is missing required enrollment documentation.

Who: The parent, legal guardian, or residential caregiver of the enrolling student should **submit one signed form per student**.

Why: This Declaration is intended to address the requirements of the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, as amended, to remove barriers to the enrollment of students meeting the definition of homelessness.

Where: Submit enrollment documents to **Connections Academy** by: Upload link on your Connexus home page (www.connexus.com) | Mail: 10960 Grantchester Way 3rd Floor, Columbia, MD 21044 | Fax: 800-887-6590

I, _____ (name) declare and state as follows:

1. I am the parent/legal guardian/caregiver of _____ (name of student) who is of school age, and is seeking admission to _____ Connections Academy.

2. The student is missing the following enrollment documentation (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Immunization record |
| <input type="checkbox"/> Proof of Guardianship | <input type="checkbox"/> School physical/health records |
| <input type="checkbox"/> Proof of Identity | <input type="checkbox"/> School Record |
| <input type="checkbox"/> Proof of Age | <input type="checkbox"/> Custody Order |
| <input type="checkbox"/> Individualized Education Plan (IEP) / 504 Plan | |

3. I have been advised by an enrollment advisor, and understand that I am required to answer the questions contained in this declaration as a condition to the enrollment and admission of the student into Connections Academy because of my inability to supply Connections Academy with the necessary enrollment documentation checked above.

4. The full name of the student I wish to enroll in Connections Academy is:

5. The age, date, and place of birth of the student being enrolled in Connections Academy are:

Age _____ Date of Birth _____ Place of Birth _____

6. The student is currently staying at the following location:

Street Address _____ County _____

City _____ State _____ ZIP Code _____

7. The parents, parents by legal adoption, legal guardians, or persons having legal custody of the student being enrolled are: _____

8. I have :

- ☐ Legal custody imposed by a court order
- ☐ Been designated as a court-appointed guardian for the student being enrolled

What court entered such order and what type of case was it (i.e., custody hearing, etc.)?

9. I am unable to present of copy of documentation for the items checked on page 1 for the student because:

10. To the best of my knowledge, has this student been reported to a law enforcement agency as a missing child?

- ☐ No
☐ Yes*

*If Yes, what is the name and address of the law enforcement agency and date of report?

Name of Law Enforcement Agency _____ Date of Report _____

Street Address _____ County _____

City _____ State _____ ZIP Code _____

11. Is this declaration being used to enroll a student who is missing immunization records, health records, school records, or proof of identity?

- ☐ No
☐ Yes*

* If Yes, for missing immunization or health records, you must obtain the necessary medical documentation as soon as possible and provide a copy to the school. For missing school records, enter the name and location of the last school the student attended:

Name of Last School Student Attended _____ Phone _____

Street Address _____ County _____

City _____ State _____ ZIP Code _____

Signature of Parent/Legal Guardian/Caregiver

By signing below, I declare under penalty of perjury that the information provided here concerning an applicant student's missing enrollment documentation is true and correct and of my own personal knowledge. I understand that giving false or otherwise untrue information could result in a criminal charge of perjury being brought against me.

Name of Parent/Legal Guardian/Caregiver _____

Signature of Parent/Legal Guardian/Caregiver _____

Date _____