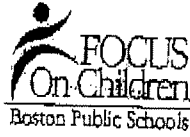


Boston Public Schools
Homeless Student Initiative



Family Resource Center Referral Form

Parent/Guardian Name: _____

Temporary Address: _____

Emergency Parent/Guardian Contact Phone #: _____

Student's Name: _____ Date of Birth or BPS Student Number: _____

Missing forms: Immunization Birth Certificate Other _____

Name of the person with whom you live: _____

How long do you plan to be there: _____

In what areas do you need additional help: _____

Copy of this form will be forwarded to: Mary William / Donna Casali - Homeless Initiative
Phone #: 617-635-8037 Fax #: 617-635-1546

Parent's Signature: _____

FRC Staff Signature: _____ Date: _____

<p><u>HSI Use Only:</u></p> <p>HSI Referral Code _____</p>
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