



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