



# REGISTRATION FORM

Homeless Education Assistance Resource Team (HEART)  
A program within the Student Services Department of BCPS



**RETURN TO: DISTRICT HOMELESS EDUCATION (HEART) OFFICE**  
**EMAIL: [HEART@Browardschools.com](mailto:HEART@Browardschools.com)** (preferred)  
**PHONE: 754-321-1566 FAX: 754-321-1690**  
**ADDRESS: Lauderdale Manors Early Learning & Family Resource Center**  
 1400 NW 14<sup>th</sup> Court, Ft. Lauderdale, FL 33311

**TO BE COMPLETED BY DISTRICT OFFICE**  
**Date:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Other vital information:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name of BCPS or Shelter employee completing this form:** \_\_\_\_\_ **School Social Worker referral made?** Yes  or No

STUDENT NAME (Include school-aged siblings)	STUDENT ID#	Birthdate	Gender M/F	Birth Place City, State, Country	Grade	Enrolled in School Yes / No	Name of School

**Is the student an Unaccompanied Child/Youth?** (Living without a parent/legal guardian) Yes  or No

**Check one for Housing Code:**

**A.** Living in a shelter

**B.** Sharing housing of others out of economic necessity (doubled-up)

**D.** Living in cars, parks, public spaces not designed for regular sleeping accommodations, campgrounds, etc. (unsheltered)

**E.** Hotel/Motel

**Check one for Main Cause of Homelessness:**

**D.** Man-made Disaster       **E.** Earthquake       **F.** Flood

**H.** Hurricane       **M.** Mortgage foreclosure

**S.** Tropical Storm       **T.** Tornado       **W.** Wildfire or house fire

**O.** Other: eviction, domestic violence, unemployment, medical/mental, long-term poverty, lack of affordable housing

**List city/state/country:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SHELTER INFORMATION ONLY**

**Name of shelter:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent Consent:** I, \_\_\_\_\_ hereby authorize The School Board of Broward County, Florida/Shelter to release the above information to the Florida Department of Education for the purpose of counting the number of homeless children in the State of Florida and providing assistance to ensure an appropriate education for each child listed. In addition, information may be discussed to facilitate housing possibilities with homeless shelters.

**Parent Signature:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information on this form will be kept confidential and used by The School Board of Broward County, Florida Department of Education and other authorized agencies, to help provide appropriate education for each child listed. Registration for school will not be denied if you refuse to provide the requested information.