

Mailing Address (if different from child's home address)		Apartment or Suite Number
City	State	Zip Code

With whom does the student live? (Choose only one)
 Parent #1 only Parent #2 only Both parents Legal guardian Other – Please specify:

Is this address temporary because of hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of Residence: (This application is only for Wake County residents.)
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Where is the child sleeping at night? (You may choose more than one option.)

The student lives with a parent or legal custodian in a residence owned or leased by the parent or legal custodian.

In a motel or hotel In a shelter Moving from place to place In a church

FAMILY INFORMATION

Please list the child, parents, stepparents, siblings, and/or guardians who live with the child.

Name	Relationship to child	Date of Birth (mm/dd/yyyy)	Please check if the child has special needs
Child's name	Applicant Child		<input type="checkbox"/>
	Parent/Guardian		
	Parent/Guardian		
Sibling's names:	Siblings		<input type="checkbox"/>
1	Siblings		<input type="checkbox"/>
2	Siblings		<input type="checkbox"/>
3	Siblings		<input type="checkbox"/>
4	Siblings		<input type="checkbox"/>
5	Siblings		<input type="checkbox"/>
6	Siblings		<input type="checkbox"/>

Total number in family
