S Caddo Parish Educational Enhancement Program for the Homeless

Student Services\*1638 Murphy Street\*Shreveport, LA 71103

 Business: 318-603-6518\*Fax: 318-603-6622

**30 Day Acknowledgement Form**

Student’s Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

School: Click or tap here to enter text.

**SOCIAL SECURITY CARD**

[ ]  The parent has provided the Social Security Number, however, the Social Security Card was not presented at the time of enrollment. The parent’s/guardian’s signature acknowledges that he/she has provided the correct number, but the card should be provided within **30 days of enrollment.**

[ ]  The Social Security Number has not been presented; therefore, JCAMPUS will assign the student with a generated number. The social security card should be provided within **30 days of enrollment**.

**BIRTH CERTIFICATE**

[ ]  The parent’s/guardian’s signature acknowledges that he/she will provide the Birth Certificate for this student within **30 days of enrollment.**

**IMMUNIZATION**

[ ]  The parent’s/guardian’s signature acknowledges that he/she will provide an updated Immunization Record within **30 days of enrollment.**

My signature acknowledges that documents are needed and should be provided within

**30 days of enrollment.** If I need assistance obtaining these items I will contact the

McKinney-Vento Homeless Office at (318) 603-6517.

Parent’s/Guardian’s Signature Click or tap here to enter text.

Date: Click or tap to enter a date.