



Transportation? Yes No
 Car Seat: Yes No
 If yes to car seat, weight of child: _____

McKinney Vento Act for Homeless Students

Begin Date: _____ End Date & Reason: _____

Student name: _____ Student ID#: _____

DOB: _____ Age if EC: _____ Grade: _____ School: _____

Parent/Guardian: _____

Temporary Address: _____

Phone 1: _____ OK to leave a message at this number

Phone 2: _____ OK to leave a message at this number

Temporary Night Time Residence (student living situation is/check all that apply):

- | | |
|----------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Doubled Up with Friend/Relative | <input type="checkbox"/> Unsheltered (car, bus, etc.): _____ |
| <input type="checkbox"/> Motel/Hotel: _____ | <input type="checkbox"/> Unaccompanied |
| <input type="checkbox"/> Shelter: _____ | <input type="checkbox"/> On own |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other adult: _____ |

Will student's parent be staying with the student: Yes No

Will student be eating breakfast at school: Yes No

Notes: _____

Name of person filling out this form: _____

District Office Use Only

Homeless Liaison Signature: _____ **Date:** _____
 Abel Riodique, Director of Special Services

- | | | |
|------------------------------------------------------|-------------|---------------------|
| <input type="checkbox"/> Food Service / Free Lunch | Date: _____ | Verification: _____ |
| <input type="checkbox"/> Title I Notification / Flag | Date: _____ | Verification: _____ |
| <input type="checkbox"/> Transportation / MARSS | Date: _____ | Verification: _____ |
| <input type="checkbox"/> Address Change | Date: _____ | Verification: _____ |