

**MARSHALL COUNTY BOARD OF EDUCATION
 EDUCATION FOR HOMELESS CHILDREN AND YOUTH PROGRAM
 MCKINNEY-VENTO HOMELESS ASSISTANCE ACT
 PLEASE PRINT**

MARSHALL COUNTY SCHOOL _____ DATE _____

STUDENTS NAME _____ M _____ F _____

(Last Name) (First Name) (Middle Initial)
 STUDENTS DATE OF BIRTH _____ SSN _____ GRADE LEVEL _____

(Month) (Day) (Year) (If Available)
 PARENT/GUARDIAN NAME _____ UNACCOMPANIED YOUTH _____

(Last Name) (First Name) (M.I.)
 CURRENT ADDRESS _____ TELEPHONE NUMBER (____) _____

RACE/ETHNICITY ___ American Indian ___ Asian ___ Black ___ Hispanic/Latino ___ Native/Hawaiian/Pacific Islander ___ White

CONFIDENTIAL INFORMATION

Complete only if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- In a shelter
- with relatives or others due to lack of housing
- at a train or bus station, park, or in a car
- in a motel/hotel, camping ground, or other similar situation due to the lack of alternative, adequate housing
- in abandoned apartment/building
- temporarily housed/awaiting DCS permanent foster care placement
- other _____
- Disaster victim? explain _____

Is there a current Order of Protection or No Contact Order which concerns this student? Yes ___ No ___

Last school attended/City/State: _____

Are you eligible for any of these educational and school related activities and services?

- Special Education (IDEA)
- Gifted and Talented
- Other _____
- English Language Learners (ELL)
- Vocational Education

Possible Barriers to Education

- School Selection
- School Records
- Other issues/barriers _____
- Transportation
- Immunizations or other medical records

Proposed Services and Activities to be provided

- Tutoring or other instructional support
- Staff professional development/awareness
- Referrals for medical, dental, and other health services
- Assistance with participation in school programs
- Before/after-school, mentoring, summer programs
- Obtaining or transferring records necessary for enrollment
- Counseling Addressing needs related to domestic violence
- Emergency assistance related to school attendance
- Other _____
- Expedited evaluations
- Transportation
- Early childhood programs
- School supplies
- Parent education related to rights/resources
- Coordination between schools and agencies
- Clothing to meet a school requirement
- Referral to other agencies and services

COMMENTS _____

To the best of my knowledge, the information in this document is accurate:

Print Name & Title of Person completing form: _____

Previous LEA/School Attended: _____ Last Attendance Date _____

Signature of Parent or Unaccompanied Youth: _____

FOR STATE REPORTING PURPOSES: WHAT DATE WAS IMMUNIZATION RECORD OBTAINED? _____