

Date _____

Disclaimer: This referral is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C- Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX Part C, Federal McKinney-Vento Assistance Act, 42 U.S. C. 11435. Eligibility can be determined by completing this referral. ***It is illegal to knowingly make false statements on this form. If it is found that false statements have been made, students will be immediately returned to the school in the district in which they are actually residing.***

Signature _____

Please check one: Are you choosing ☐ **Traditional** or ☐ **Virtual Learning** for your child's 2021-2022 school year?

Parent's email address: _____

Two emergency contact numbers: _____

PLEASE ANSWER THE QUESTIONS BELOW REGARDING YOUR LIVING SITUATION:

Have you spoken with an Attendance Supervisor or the Director of Attendance before coming to our office? **Check** ☐ Yes or ☐ No

Name of person spoken with _____

Student's Previous School: _____ City/State: _____

With whom are living? : _____ Relationship? _____

Contact Number for the individuals(s) you are living with: _____

How long have you been at this residence? _____ Do you plan to move soon? **Check** ☐ Yes or ☐ No

What happened to your previous residence? (Write a description please)

Previous address: _____ City/State _____

Where would you go if you couldn't stay where you are?

Are you looking for a place to live? _____ **Check** ☐ Yes or ☐ No

Do you need assistance finding a place to live? _____ **Check** ☐ Yes or ☐ No