McKinney-Vento Act Program Intake Form

<table>
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<tr>
<th>(Student) Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>D.O.B.</th>
<th>Male/Female</th>
<th>Grade</th>
<th>School</th>
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Parent/Guardian Name ⇒

Primary Language Spoken ___________  CITY:____________________________
ETHNICITY ___Hispanic ___ Not Hispanic  STATE:_________________
RACE __American Indian __Asian ___Black ___Pacific Islander ___White

RELATIONSHIP
☐ MOTHER  ☐ FATHER  ☐ GRANDPARENT  ☐ AUNT/UNCLE
☐ SOCIAL WORKER  ☐ LAW GUARDIAN
☐ COUNSELOR  ☐ FOSTER PARENT  ☐ OTHER_________

PREVIOUS ADDRESS

CURRENT ADDRESS

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

LIVING CONDITIONS

☐ SHELTER  ☐ DOUBLED UP (W/RELATIVES OR FRIENDS)
☐ HOTEL / MOTEL  ☐ ABANDONED APARTMENT
☐ ABANDONED BUILDING  ☐ TRAIN / BUS STATION / PARK OR CAR
☐ TRAILER (W/WHEELS)  ☐ TEMPORARY CUSTODY ORDER
☐ BRIDGE  ☐ SHORT TERM FOSTER CARE PLACEMENT
☐ HIGHLY MOBILE (UNACCOMPANIED)  ☐ ANY OTHER INADEQUATE LIVING CONDITIONS

TELEPHONE NUMBERS

HOME: ( ) _______ _______ _______ _______ _______ _______ _______
CELL: ( ) _______ _______ _______ _______ _______ _______ _______

SCHOOL DISTRICT

LAST ENROLLED

SCHOOL NAME:____________________________
CITY:______________________________ STATE:_________________

IMMUNIZATIONS: ☐ YES ☐ NO  BIRTH CERTIFICATE: ☐ YES ☐ NO  PHYSICAL: ☐ YES ☐ NO

ARE YOU A SEASONAL / MIGRANT / FIELD WORKER? ☐ YES ☐ NO

ARE YOU A VICTIM OF DOMESTIC VIOLENCE? ☐ YES ☐ NO

If so, have you filed an order of protection with the Police Department? ☐ YES ☐ NO

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student’s educational records, including immunization records, and the enrolling district’s LEA liaison must help the student get any other necessary documents or immunizations.

PLEASE NOTE

By signing this document I hereby certify that the information stated in these forms is honest and correct. I understand that if I live in a school district that is not Buffalo and my living conditions are not similar to the ones stated above, could be defrauding the school district and might be held liable in a court of law.

SIGNATURE_______________________________ Date________________

STUDENT NUMBER

Voucher Number

TELEPHONE NUMBERS

HOME: ( ) _______ _______ _______ _______ _______ _______ _______
CELL: ( ) _______ _______ _______ _______ _______ _______ _______

SCHOOL DISTRICT

LAST ENROLLED

SCHOOL NAME:____________________________
CITY:______________________________ STATE:_________________

IMMUNIZATIONS: ☐ YES ☐ NO  BIRTH CERTIFICATE: ☐ YES ☐ NO  PHYSICAL: ☐ YES ☐ NO

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