

WESTERN SCHOOL DISTRICT
1400 S. Dearing Rd.
Parma, MI 49269
(517) 841-8100 FAX (517) 841-8801

This form is intended to address the requirements of the McKinney-Vento Act under the guidelines of the No Child Left Behind Act of 2001. Your answers will help us to determine if your child qualifies for services provided by the Act.

Presently, where is the student living?

Section A (Living Arrangements): Check ONE box only	Section B (Student's Supplemental Needs)
<input type="checkbox"/> Shelter <input type="checkbox"/> Temporarily with more than one family in a house or apartment due to economic hardship or loss of housing <input type="checkbox"/> Temporary Foster Care <input type="checkbox"/> Hotel/Motel, car or campsite <input type="checkbox"/> Unsheltered (on the street, abandoned building or park) <input type="checkbox"/> Alone <input type="checkbox"/> Transitional Housing <u>GO ON</u> to Section B and C if you checked a box in Section A . <u>STOP</u> if you did not check a box in Section A. Do not complete the rest of this form.	<input type="checkbox"/> Transportation to and from school <input type="checkbox"/> Tutoring <input type="checkbox"/> Personal hygiene items <input type="checkbox"/> Clothing <input type="checkbox"/> Counseling <input type="checkbox"/> Other: _____

Section C

The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent and another adult | <input type="checkbox"/> an adult that is not the parent or legal guardian |

Enrolling School: _____ Grade _____

Name of Student _____ Male Female

Birth Date _____ Age: _____
(Month/Day/Year)

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Phone _____
City State Zip

Signature of Parent/Legal Guardian _____ **Date** _____

For School Use Only
Forward to: <input type="checkbox"/> Homeless Liaison <input type="checkbox"/> File Only Processed by _____ <i>(please print name)</i> For any choices in Section A , a copy of this form must be submitted to Craig Raehtz, Homeless Coordinator, in the Central Administration Office immediately upon receipt. All buildings must keep original form(s) separately from the student's permanent file for audit purposes during the year.