

## **MCKINNEY-VENTO REFERRAL FORM**

### *Perquimans County Schools*

-
<b>SCHOOL YEAR</b>

Student Name: \_\_\_\_\_  
 Power School # \_\_\_\_\_  
 Current School: \_\_\_\_\_

Grade: \_\_\_\_\_  
 DOB : \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mother's Name: _____	Home Phone: _____
Father's Name: _____	Home Phone: _____
Emergency Contact: _____	Phone: _____
Emergency Contact: _____	Phone: _____

Enrollment Date at Current School: \_\_\_\_\_

**Student is homeless due to:**

- Sharing the housing of other people due to loss of housing due to economic hardship, fire, etc
- Living in a motel, hotel, trailer park or camping ground due to lack of alternative accommodations
- Living in emergency shelter or transitional housing; or abandoned in the hospital or awaiting foster care placement
- Is living in a car, park, abandoned building substandard housing, bus or train station, etc.
- Unaccompanied Youth or Runaway

**Please indicate if the child is receiving any of the following support services:**

- Exceptional Children       English as a Second Language       Gifted and Talented
- Vocational Education

**ASSESSMENT OF STUDENT NEEDS**

**Please indicate records needed:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Immunization or Medical records | <input type="checkbox"/> Guardianship Records             | <input type="checkbox"/> Birth Certificates |
| <input type="checkbox"/> Academic Records                | <input type="checkbox"/> Evaluations for Special Programs | <input type="checkbox"/> Other              |

**Please indicate if the student needs any of the following education support services:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Transportation</li> <li><input type="checkbox"/> Free School Breakfast and Lunch Program</li> <li><input type="checkbox"/> Assistance with school enrollment</li> <li><input type="checkbox"/> Emergency assistance related to school attendance</li> <li><input type="checkbox"/> Referral to the Student Services Team</li> <li><input type="checkbox"/> Expedited evaluations</li> <li><input type="checkbox"/> Tutoring or other instructional support</li> <li><input type="checkbox"/> Parent ed. related to rights/resources for children</li> <li><input type="checkbox"/> Referrals to community agencies</li> <li><input type="checkbox"/> Counseling (i.e. Mental Health, etc)</li> <li><input type="checkbox"/> Payment of fees</li> <li><input type="checkbox"/> School Counseling</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Clothing to meet school requirement</li> <li><input type="checkbox"/> School supplies</li> <li><input type="checkbox"/> Obtaining/transferring records for enrollment</li> <li><input type="checkbox"/> Assistance with participation in school programs (ESL, Title I, EC, Even Start, etc)</li> <li><input type="checkbox"/> Referral to before-school, after-school, mentoring, or summer programs (Prime Time, 21<sup>st</sup> CCLC, etc)</li> <li><input type="checkbox"/> Referral to preschool/early childhood programs</li> <li><input type="checkbox"/> Addressing needs related to domestic violence</li> <li><input type="checkbox"/> Coordination between schools and agencies</li> <li><input type="checkbox"/> Referrals for medical, dental, and other health services (Immunizations, eyeglasses, etc)</li> <li><input type="checkbox"/> Adult Education Program</li> <li><input type="checkbox"/> School Social Work</li> <li><input type="checkbox"/> Other (specify)</li> </ul> |
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School Social Worker/Homeless Liaison \_\_\_\_\_ Date \_\_\_\_\_

## SPECIAL TRANSPORTATION REQUEST FOR STUDENT EXPERIENCING HOMELESSNESS

**Date forwarded to Transportation:**

**Please check one:**

- I wish to have my child continue in his/her current school for the remainder of the current school year.

School of Origin: \_\_\_\_\_

- I wish to enroll my child at the new school for the address at which I am currently staying.

School of Residence: \_\_\_\_\_

**STATUS OF REQUEST    NEW    TERMINATION    REVISED**

List changes made: \_\_\_\_\_

**Parent has requested student attend School of Origin.**

**Parent reimbursement (if needed):** Yes    No

Effective Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

School of Origin: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Disability/Medical Concerns/Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Directions to Pick-up/Drop-off Location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_