

Tonya Turner
Superintendent

Perquimans County Schools
P. O. Box 337
Hertford, North Carolina 27944



Board of Education
Dr. Anne White, Chair
Amy Spough, Vice-Chair
Russell Lassiter
Mall Peeler
Leary Winslow
Adene Yates

McKinney-Vento Referral Form
20 __ - 20__ School Year

Student Name: _____ Student ID #: _____ DOB: _____
Current School: _____ Grade: _____
Address: _____ City/State: _____ Zip Code: _____

Parent/Guardian (Primary): _____ Contact Number: _____
Parent/Guardian (Secondary): _____ Contact Number: _____
Emergency Contact #1: _____ Contact Number: _____
Emergency Contact #2: _____ Contact Number: _____
Enrollment Date at Current School: _____ Retained Last Year: ___ Yes ___ No

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
- 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 services:

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

Please indicate records needed:

- Immunization or medical Guardianship Academic Birth certificate
 Evaluations for special programs Other

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

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Clothing to meet school requirements |
| <input type="checkbox"/> Free school meals program | <input type="checkbox"/> School supplies |
| <input type="checkbox"/> Assistance with school enrollment | <input type="checkbox"/> Obtaining/transferring records for enrollment |
| <input type="checkbox"/> Emergency assistance related to school attendance | <input type="checkbox"/> Assistance with participation in school programs
(ESL, Title I, EC, Even Start, etc.) |
| <input type="checkbox"/> Referral to Student Services (Counselor, MTSS, etc.) | <input type="checkbox"/> Referral to before/after school, mentoring, or
summer programs |
| <input type="checkbox"/> Expedited evaluations | <input type="checkbox"/> Referral to preschool/early childhood programs |
| <input type="checkbox"/> Tutoring or other instructional support | <input type="checkbox"/> Addressing needs related to domestic violence |
| <input type="checkbox"/> Parent education related to rights/resources for children | <input type="checkbox"/> Coordination between schools and agencies |
| <input type="checkbox"/> Referrals to community agencies | <input type="checkbox"/> Referrals for medical, dental, and other health
services (dental, health, etc.) |
| <input type="checkbox"/> Counseling (community or school-based) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Payment of fees | |
| <input type="checkbox"/> School social work | |
| <input type="checkbox"/> Adult Education Program | |

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Special Transportation Request for Students Experiencing Homelessness

Date of contact with the Transportation Department: _____

Please indicate the appropriate parent/guardian request:

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: _____

If the parent has requested that the student(s) attend their school of origin and transportation will be provided, is parent reimbursement needed?

Yes No

Date effective: _____ Date of termination: _____ Name/Number of school of origin: _____

Medical/Disability Concerns and/or Special Instructions: _____

Directions to Pick-Up/Drop-off Location(s): _____

I affirm that I have confirmed the above information and it is accurate to the best of my knowledge.

School Social Worker/Homeless Liaison

Date