

Petersburg City Public Schools
Notification of Student who meets criteria for McKinney-Vento

Student Name: _____ STI# _____

School: _____ Grade: _____ Age: _____

DOB: ____/____/____ Gender: _____ Ethnicity: _____ Race: _____

Check the box that applies to your living situation:

- in an emergency or transitional shelter
in an abandoned apartment/building
youth not living with a parent or guardian
at a train or bus station, park, in a car, hotel/motel
temporarily housed in a shelter awaiting DSS
with relatives or others due to lack of housing
permanent foster care placement

Current 911 Address: _____

Current Mailing Address: _____

Current Phone Number: (____) - ____ - _____

Parent/Guardian Name(s): _____

Is this child an unaccompanied youth? Yes ___ No ___

If so, please indicate the name of the person with whom the child lives.

Give information where the parent can be contacted for educational and emergency situations.

*** Are there preschoolers in the family? ***

Check services the student currently receives:

- Special Education
Title I
FAMIS
Counseling
Other Services (list)
21st Century After School Program
ESL
Medicaid

Transportation Needs:

- Transportation needed to school of origin. School: _____
Transportation is not needed. Parent(s)/Guardian will provide transportation.

What are other needs (i.e. clothing, educational supplies, medical, dental, link to community resources like DSS or church programs) of the child/family?

- Parents were provided information regarding educational and related opportunities while homeless.

Parent Signature _____ Date _____

Date Referral Sent to Homeless Liaison: ____/____/____

Referring Source: _____

Name _____ Date _____

Please forward the Homeless Education Liaison Email
MckinneyVento@petersburg.k12.va.us Phone: (804) 862-7044

Homeless Education Liaison Use Only

- Transportation
Nutritional Services
Federal Programs
Visiting Teacher/School Social Worker
Flag SIS

Attach a copy of receipts and other documentation.