

**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:	
<input type="checkbox"/> in an emergency or transitional shelter	<input type="checkbox"/> in an abandoned apartment/building
<input type="checkbox"/> youth not living with a parent or guardian	<input type="checkbox"/> at a train or bus station, park, in a car, hotel/motel
<input type="checkbox"/> temporarily housed in a shelter awaiting DSS	<input type="checkbox"/> 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:

- | | |
|--|--|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> 21 st Century After School Program |
| <input type="checkbox"/> Title I | <input type="checkbox"/> ESL |
| <input type="checkbox"/> FAMIS | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Counseling | |
| <input type="checkbox"/> Other Services (list) _____ | |

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 to Tina J. Smith, Homeless Education Liaison
Email: tismith@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.