



# Tolleson Union High School District

## McKINNEY-VENTO INFORMATION

Copper Canyon La Joya Community Sierra Linda Tolleson Union Westview University High

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act of 2001 (P.L. 107-110) requirement that homeless children are to have access to education and other services. The McKinney-Vento Act specifically states that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian.

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_  
(Last) (First) (MM/DD/YYYY)

Student ID# \_\_\_\_\_ Student SAIS# \_\_\_\_\_ Grade \_\_\_\_\_

Current Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

*The minor named above lives in my home, and I am 18 years of age or older.*

Name of Current Caregiver \_\_\_\_\_  
(Last) (First)

Caregiver is a Parent/Legal Guardian Relative\* Non-relative\* Unaccompanied Youth DOB \_\_\_\_\_  
(MM/DD/YYYY)

\*If you are not the student's parent/legal guardian, please fill out the following information:

State Driver's License or ID card number \_\_\_\_\_

Check one or both (e.g., if one parent was advised and the other could not be located)

- I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to enroll their child in school and have received no objection.
- I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intent to enroll their child in school.

Where is the student presently living? (Check one box)

- Motel/Hotel
- Shelter
- Unsheltered in a place not designed for ordinary sleeping accommodations (e.g., car, park, campsite)
- With more than one family in a house or apartment (double up)

List all services needed:

- Medical Food Counseling Referral Clothing Free/Reduced Lunch Transportation Other (List below)

I declare that the foregoing information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian/Caregiver/Student) (MM/DD/YYYY)

I certify the above named student, to the best of my knowledge, qualifies for all Title I services, if needed, under the McKinney-Vento Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Site Homeless Liaison) (MM/DD/YYYY)

cc: Parent/Guardian/Caregiver/Student  
Registrar/Student File  
Site Homeless Liaisons  
Cafeteria Manager  
Student Information System Specialist – District Office