**Port Allegany School District**

**McKinney-Vento Assistance Identification**

***Please complete the information in Part I and any information in Part II that pertains to your family.***

***Please sign and return this form to your school. This form is for record purposes.***

***All information submitted is considered highly confidential.***

**Part I** (please print)

Student Name            

(Last Name) (First Name) (Middle Name)

Student Address                  

(Street) (City) (State) (Zip Code)

Age/ Birth Date             Grade

**Part II**

**1. Do you or your family live in any of these situations? (please check all that apply)**

**Living with relatives or others due to loss of housing, economic hardship or similar reason**

**Living in a motel/hotel, camping ground, or other similar situation due to the lack of alternative adequate accommodations**

**Living in emergency or transitional shelters**

**Temporarily housed, awaiting permanent foster care placement**

**Living in cars, camper, tent, parks, public spaces, or similar settings**

**Living in public spaces not designed for or ordinarily used as regular sleeping accommodations**

**Living in an abandoned apartment/building**

**Unaccompanied Youth not in physical custody of a parent or court ordered guardian**

**Migratory children (defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless**

**None of the above (Please explain any special circumstances)**

**Please list any siblings in the home who are attending Port Allegany School District**

|  |  |  |
| --- | --- | --- |
| **Sibling Name** | **Age/Birth Date** | **Grade** |
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|  |  |  |
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|  |  |  |

**PARENT/GUARDIAN INFORMATION**

Name       Home Telephone Number      Work Telephone Number

Address       Cell Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ March 27, 2014

Parent/Guardian Signature Date

Please complete / print / sign / submit

Enrollment Form 9 of 9