

ILLINOIS STATE BOARD OF EDUCATION
Curriculum and Instruction Division
100 North First Street, C-215
Springfield, Illinois 62777-0001

**McKinney-Vento Homeless Education
Common Form**

DISTRICT NAME AND NUMBER		SCHOOL NAME		
STUDENT NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	SIS NUMBER	GRADE
CONTACT (Parent, Guardian, Other)		UNACCOMPANIED YOUTH <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS (Street, City, State and Zip Code) (if available)		TELEPHONE (Include Area Code)		

RACE:

- WHITE BLACK HISPANIC ASIAN/PACIFIC ISLANDER AMERICAN INDIAN/ALASKAN NATIVE MULTI-RACIAL/ETHNIC

CONFIDENTIAL INFORMATION

Complete only if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> With relatives or others due to lack of housing |
| <input type="checkbox"/> Motel/hotel, camping ground, or other similar situation due to lack of alternative, adequate housing | <input type="checkbox"/> Temporarily housed in shelter awaiting DCFS foster care placement |
| <input type="checkbox"/> Train or bus station, park, or in a car | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Abandoned apartment/building | <input type="checkbox"/> Disaster victim? Explain _____ |

Is there a current Order of Protection or No Contact Order which concerns the student: YES NO

Last school attended: _____

Eligible for any educational and school related activities and services?

- Special Education (IDEA) English Language Learners (ELL) Gifted and Talented Vocational Education
 Other: _____

Possible Barriers to Education

- School Selection Transportation School Records Immunizations or other medical records
 Other: _____

Proposed Services and Activities to be Provided by McKinney-Vento

- | | |
|---|--|
| <input type="checkbox"/> Tutoring or other instructional support | <input type="checkbox"/> Expedited evaluations |
| <input type="checkbox"/> Referrals for medical, dental, & other health services | <input type="checkbox"/> Staff professional development/awareness |
| <input type="checkbox"/> Assistance with participation in school programs | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Obtaining or transferring records necessary for enrollment | <input type="checkbox"/> Early childhood programs |
| <input type="checkbox"/> Coordination between schools and agencies | <input type="checkbox"/> Before/after-school, mentoring, summer programs |
| <input type="checkbox"/> Clothing to meet a school requirement | <input type="checkbox"/> Parent education related to rights/resources |
| <input type="checkbox"/> Emergency assistance related to school attendance | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Addressing needs related to domestic violence | <input type="checkbox"/> School supplies |
| <input type="checkbox"/> Referral to other programs and services | <input type="checkbox"/> Other _____ |

COMMENTS: _____

To the best of my knowledge, the information in this document is accurate:

Name (please type or print)

ROE/LEA/Agency

Title

Signature

Date

Page 2 of this form contains important information regarding the rights of homeless students. Please review!