



McKinney-Vento Confidential Notification Form

Date _____

Student _____ (M/F) Teacher _____ School _____ Grade _____

Parent/Guardian Name _____ Phone _____

Temporary Address _____ City _____ Zip _____

Person Making Notification _____ Position _____

Phone Number _____ Email _____

Do you want the liaison to contact the family/youth? _____

Please check all needs:

Date action taken:

- Transportation to school
- Birth certificate
- Immunizations
- Academic records/documents
- Free lunch
- School supplies
- School fees
- Academic problems
- Community resources
- School clothes
- Excessive absences
- Health/mental health
- Guardianship is a problem

Reasons that the student qualifies for McKinney-Vento (please check all that apply):

- Substandard housing Living in car
- Transitional housing Campground
- Resides in a shelter Motel/hotel
- Doubled- up Other
- Unaccompanied youth Kinship Care
- Awaiting permanent foster care

Mark services the student is currently receiving (check all that apply):

- Special Education ELL Vocational
- Title One Migrant IEP
- Free Lunch Gifted

COMMENTS:

List family members in same living situation: _____

Liaison Use Only:

Enrollment Date _____ School of Origin _____ Student ID _____
Withdrawal _____ Date _____ DOB _____