

Concordia School District

McKinney-Vento Enrollment Form

The McKinney Vento Act provides a child or youth identified as homeless the right to attend either the school of origin or the local school, according to the child or youth's best interest.

Student Name	:				
Name of Pare	nt or Legal Guardian:				
Is the student	living with their Parent or Le	egal Guardian? Yes	No		
Current Addre	ss:				
City:	Zip Code:				
Phone:		Additional Phone:			
Age:	Date of Birth:		_ Grade:		
Is this address	Temporary or Permanent?				
Student is invo	olved in extracurricular activ	ities (sports, band, clubs) Yes No	_	
Living v loss of similar In a mot A car, p In an e Living i Moving	e which of the following situated with a friend or family due to housingeconomic has reasons Explain:tel, hotel, trailer park or cambark, public space, bus or trailer park or trailer park or trailer park or trailer park or cambark, public space, bus or trailer park or traile	o:domestic vardshipdomestic vardshipdomestic variety and ground due to lack variety and station, abandoned belter evith inadequate facilities surfing	violence of alternative adequ uilding, or similar se s (no water, heat, ele	ate accommodations tting ectricity, etc.)	
If you checke	d any of the above, please	complete the remainder of	of the form.		
Date of arrival	at temporary residence:	Ехр	ected length of stay	:	
Last permane	nt address:				
Email:					
Name of last s	school attended:				
City:		State:	Zip Code	::	
Other children	living at same location as s	student:			
Name:		Date of Birth:		Grade:	
Name:		Date of Birth:		Grade:	
Name:		Date of Birth:		Grade:	



Concordia School District McKinney-Vento Student Services Form

Parental Rights: You/your student has the following rights in accordance with the McKinney-Vento Act:

- School of Origin and transportation if requested
- Access to classes, extracurricular activities, and services
- Immediate Enrollment without documents
- Appeal Dispute Process
- Confidentiality

Confidentiality: The McKinney-Vento status of your child is confidential.

The Homeless Liaison, Mercedes Balke, is aware of your/your child's night-time residence and can be contacted by calling the school at 660-463-2246 for additional support. Would you like the teacher(s) to be made aware of your/your child's night time residence? Yes No Transportation: Transportation will be provided to the school you have selected, unless your child is a walker. I/my child(ren) is within walking distance to the school. Yes _____ No ____ I will provide transportation. Yes No I would like information on alternative help with transportation. Yes _____ No ____ School Fees: Required fees will be waived if you cannot afford to pay fees, including fees for extracurricular activities and field trips. If you have questions or problems related to any any fees, contact the Homeless Liaison. School Based Services: Services are available for you/your child(ren). Please check any services needed. IEP or 504 Plan ___ Yes ___ No Summer Programs ____ Yes ____ No Academic Support or Tutoring ____ Yes ____ No School Counseling ____ Yes ____ No Extra-Curricular Transportation Yes No Translation Support Yes No Referral Services: Services may be available for you/your child(ren). Please check any services needed. Hygiene Supplies___ Yes ___ No Housing Programs___ Yes ___ No Legal Aid Yes No Medical, Dental, Vision Care___ Yes ___ No Food Assistance___ Yes ___ No Clothing Assistance___ Yes ___ No Utility Support Yes No Therapy Yes No Parent/Caregiver/Youth Input: Provide any additional information you want us to know about your child or yourself. Parent/Guardian/Caregiver/Youth Signature Date