



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:
<input type="checkbox"/> Transportation to school	
<input type="checkbox"/> Birth certificate	
<input type="checkbox"/> Immunizations	
<input type="checkbox"/> Academic records/documents	
<input type="checkbox"/> Free lunch	
<input type="checkbox"/> School supplies	
<input type="checkbox"/> School fees	
<input type="checkbox"/> Academic problems	
<input type="checkbox"/> Community resources	
<input type="checkbox"/> School clothes	
<input type="checkbox"/> Excessive absences	
<input type="checkbox"/> Health/mental health	
<input type="checkbox"/> 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: _____

PLEASE FORWARD TO:

Linda Long, Support/Homeless Services Coordinator
 Haysville USD #261
 900 W. Grand Haysville KS 67060
 PHONE: 316-554-2251 ext. # 1409
 FAX: 316-554-2256