



Office of McKinney-Vento

610 Gayle Street Building T10

Fredericksburg, VA 22405

Phone (540) 376.8855

McKinney-Vento Referral Form

Date:

Student ID Number:

D.O.B.

Confidential Information

COMPLETE THIS BOX ONLY IF IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION; OR YOUR LIVING SITUATION IF YOU ARE A YOUTH **NOT** LIVING WITH A PARENT OR GUARDIAN.

(Your response will assist school staff with enrollment.)

- House or apartment with parent or guardian Car, public space, or campsite
- Shelter, motel, or other temporary housing Doubled-up with friends or family members
- Youth not living with a parent or guardian (please provide an explanation)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing Loss of employment
- Provide care for a family member In transition, waiting for a house or apartment (move-in date)
- Other (Please explain):

Student Name:

(Last Name)

(First Name)

(Middle Initial)

Student Address:

School:

Current Grade:

Length of time at current address:

Number of moves this school year:

Does this student receive special education services? Yes No

Is the student residing in this school zone? Yes No

If no, will you be driving your student to and from school? Yes No

Parent/Guardian Information:

Name: Telephone Number:

Address: Email:

Additional Parent/Guardian or Emergency Information:

Name: Telephone Number:

Address: Email:

List ALL Siblings- (Include Infants and Preschool-Age Children):

| | | |
|----------|--------|---------|
| Sibling: | D.O.B. | School: |
| Sibling: | D.O.B. | School: |
| Sibling: | D.O.B. | School: |
| Sibling: | D.O.B. | School: |
| Sibling: | D.O.B. | School: |
| Sibling: | D.O.B. | School: |
| Sibling: | D.O.B. | School: |

REFERRING SOURCE:

TELEPHONE NUMBER:

Notes:

My signature below affirms that this information is true and accurate to the best of my knowledge or belief.

Parent/Guardian/Student (Unaccompanied) Signature:

School Personnel: Please email this completed form to scpsmckinneyvento@staffordschools.net

For the Office of McKinney-Vento Use Only

Contact made by M.V. Staff:

Date:

Phone Call:

Email:

Text:

Eligible Ineligible Reason:

If eligible, the following has been entered:

Synergy

Date:

School Participation: