

## CONFIDENTIAL STUDENT RECORD

### Student Living Status

Select the appropriate response in each category – Current Living Situation and Living Arrangements for Student Information System (SIS) Identification

**Unaccompanied Homeless Youth:**     Yes     No

**Current Living Situation:**

- |  |   |
|--|---|
| <input type="checkbox"/> In a shelter<br><input type="checkbox"/> Doubled up with relatives or others due to lack of housing<br><input type="checkbox"/> In a motel/hotel, campground, or other similar situation due to lack of alternative, adequate housing | <input type="checkbox"/> At a train or bus station, park or in a car<br><input type="checkbox"/> In an abandoned apartment or building<br><input type="checkbox"/> Disaster victim<br><input type="checkbox"/> Other: |
|--|---|

**Living arrangements for SIS identification:**

- |  |  |
|--|--|
| <input type="checkbox"/> In a shelter<br><input type="checkbox"/> Doubled up | <input type="checkbox"/> In a hotel/motel<br><input type="checkbox"/> Unsheltered (on the street, car, park, campground, abandoned building) |
|--|--|

Notes/explanation of current living situation:

### Student/Family Information

Student Name	Date of Birth	Grade	School	Special Ed.	Migrant	English Learner	Received Title I-A Services
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of parent/legal guardian:

Name/relationship of person with whom student or family is doubled up:

Name of educational guardian (requires documentation):

Main contact phone number:

E-mail, if available:

Current address:

Move date:

Former address(es):

Move date:

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## District Information

School District of Origin: \_\_\_\_\_ School District of Residence: \_\_\_\_\_

School District where child(ren) attend/are served: \_\_\_\_\_ Sharing district contacted: \_\_\_\_\_  
 Yes

Name of transportation billing staff contacted: \_\_\_\_\_ Name of Homeless Liaison contacted: \_\_\_\_\_

Date of contact: \_\_\_\_\_ Notes: \_\_\_\_\_

## Transportation

Transportation provided?  Yes  No

Type of transportation:  
 School bus (including additional or extended routes)  Taxi  
 City bus/public transportation  Contracted transportation service  
 Gas reimbursement, mileage calculation: \_\_\_\_\_  Other, please specify: \_\_\_\_\_

Transportation costs are shared with \_\_\_\_\_ School District  
*\*District of origin and district of residence will share transportation costs evenly (50/50), if no other agreement is in place.*

Notes: \_\_\_\_\_

## Resources and Services

**Must be reviewed with parent/guardian/unaccompanied homeless youth in a manner and form that is understandable, including, if necessary and to the extent feasible, in the native language**

- McKinney-Vento rights reviewed
- Immediate enrollment
  - Rights to attend district of origin/residence
  - Transportation
  - Free school meals/fees waived
- Student information shared with the school district sharing transportation costs
- School and district staff confidentially received student information
- Food service
  - Registration/enrollment
  - Transportation department
  - Building social worker or counselor
  - Building principal
- Community resources available and information shared
- Food and clothing
  - Affordable permanent housing
  - Emergency shelter
  - Mental health services
  - Employment
  - Domestic abuse resources
  - Medical, dental, and other health services
  - Seasonal/holiday
- Current order of protection or no contact order
- Other: \_\_\_\_\_

**Date/time shared with parent/guardian/unaccompanied homeless youth:**