

## 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: <input type="checkbox"/> Yes
Name of transportation billing staff contacted:	Name of Homeless Liaison contacted:
Date of contact:	Notes:

## Transportation

Transportation provided?  Yes  No

Type of transportation:

- |   |  |
|---|--|
| <input type="checkbox"/> School bus (including additional or extended routes) | <input type="checkbox"/> Taxi                              |
| <input type="checkbox"/> City bus/public transportation                       | <input type="checkbox"/> Contracted transportation service |
| <input type="checkbox"/> Gas reimbursement, mileage calculation:              | <input type="checkbox"/> 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

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Immediate enrollment</li><li>• Rights to attend district of origin/residence</li></ul> | <ul style="list-style-type: none"><li>• Transportation</li><li>• Free school meals/fees waived</li></ul> |
|--|--|

Student information shared with the school district sharing transportation costs

School and district staff confidentially received student information

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Food service</li><li>• Registration/enrollment</li><li>• Transportation department</li></ul> | <ul style="list-style-type: none"><li>• Building social worker or counselor</li><li>• Building principal</li></ul> |
|--|--|

Community resources available and information shared

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Food and clothing</li><li>• Affordable permanent housing</li><li>• Emergency shelter</li><li>• Mental health services</li></ul> | <ul style="list-style-type: none"><li>• Employment</li><li>• Domestic abuse resources</li><li>• Medical, dental, and other health services</li><li>• Seasonal/holiday</li></ul> |
|---|---|

Current order of protection or no contact order

Other:

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