

Welcome to Lakeview Community Schools! Please include all of your children on this form.



## MCKINNEY-VENTO ACT



You may qualify for McKinney-Vento Federal Funding. Please fill out this paperwork to see if you qualify for assistance.

Date: \_\_\_\_\_

### **Family Information:**

#### **Children you are enrolling in Lakeview Community Schools**

1. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_
2. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_
4. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_
5. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_
6. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

#### **Children living with you but you are not enrolling.**

1. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_
2. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_
3. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_
4. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Contact Person: (Parent or Guardian) \_\_\_\_\_

Phone number (s): \_\_\_\_\_ or \_\_\_\_\_ Do you text? Yes or No

E-mail address: \_\_\_\_\_ Do you check email often? Yes or No

Address where currently living: \_\_\_\_\_

City: \_\_\_\_\_ State: MI Zip code: \_\_\_\_\_

#### **Please check reason for referral:**

- Doubled-Up living with another family (Please list the family you are living with(\_\_\_\_\_))
- Unaccompanied Youth (child living w/out parents)
- Shelter (Temporary living arrangement)
- Foster Care - How long? \_\_\_\_\_
- Camper, Tent or Car

Please check reason you are living in an alternate location: Check all that apply.

Return this form to Johanna Rentschler/LCS Homeless Liaison/Office at LMS 989-352-7221, ext#2003

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- Eviction
  - Job Loss
  - Loss of Income
  - Displaced-(Reason for being displaced?) Ex: Divorce, Death in family, etc.
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**ENROLLED PROGRAMS: CHECK ALL THAT APPLY**

- General Education
- Special Education
- Vocational Education (Career Center)
- Alternative Education
- Dual Enrollment
- Pre-K/Preschool/Headstart

Does this child have siblings living in the home not of school age? If yes, please list Name and age of children in home.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**PLEASE CHECK THE SERVICES YOU WOULD LIKE ASSISTANCE WITH:**

- Counseling
- Free meals at school
- Hygiene supplies
- School supplies
- Clothing
- Medical/Vision/Dental Referral
- Tutoring/Education support
- DHS form assistance
- Obtaining records for school enrollment
- Schools of choice Paperwork
- Food Pantry
- Employment
- Financial help/Explain \_\_\_\_\_
- Parenting/Discipline
- Transportation Issues

**HOW WILL THIS STUDENT BE TRANSPORTED TO SCHOOL?**

- School Bus
- Parent will transport in vehicle
- Other? \_\_\_\_\_

**POSSIBLE BARRIERS FOR SUCCESS: CHECK ALL THAT APPLY**

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- Attendance Issues
- Behavioral issues
- Suspensions
- Past Expulsion
- Needs an Immunization
- Pre-K Fees
- Fees for classes or items need to be purchased

Any other Pertinent Information?