



Irvine Unified School District
 McKinney-Vento Homeless Assistance Act
Confidential Enrollment Form

School Year: 20 24 - 20 25

The McKinney-Vento Act defines the term "homeless children and youth" as individuals who lack a fixed, regular and adequate night time residence. Students and families that are doubled up with other families due to economic hardship, living in shelters, motels or vehicles may qualify for services. We may offer help with school supplies and connecting families with resources in our community. These services are in response to federal legislation which is designed to provide educational services and protect the educational rights of students considered homeless. This form assists school personnel in complying with the legal guidelines for school enrollment for children who meet the eligible criteria for services. Information provided on this form will be shared only with school/district staff responsible for providing services, as well as those staff responsible for keeping track of how many students are identified as homeless in the LEA.

SECTION 1

Date _____ School _____ Grade _____

Student's Name _____ Date of Birth _____
 Last Name First Name Month/Day/Year

Parent/Guardian Name _____
 Last Name First Name

Current Address _____
 Street City State

Telephone Number (____) _____ Email _____

Last School Attended _____ City/State: _____

Services received at last school: English Language Learner Special Education

SECTION 2

- Loss of housing and now sharing/renting with others due to economic hardship. Unable to afford housing for your own family (would otherwise be homeless)
- Living in a shelter or assisted/transitional housing (Human Options or other program): _____
- Living in a hotel or motel due to economic hardship
- Living in a campground, park, or car
- Unaccompanied homeless minor
- Other circumstances (please explain) _____

SECTION 3

Please list the name(s) of all children in your family residing with you:

Name of Student(s)	Date of Birth	School	Grade

*I give permission for school staff to share information regarding my child's McKinney-Vento status with other districts my child may be attending. Yes No

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Providing false information could result in the immediate withdrawal of the above-named student from the school.

Parent/Guardian Signature _____ Date _____

Office Use Only

Please code the student appropriately in the Program field in AERIES & send a copy to departments listed below. Keep original in a separate file.

Immediately send to:

- McKinney-Vento Team:**
 Elana Lesse - MV Liaison (949) 936-5219
 Allison Howard - Admin. Asst. (949) 936-5203
DoSupportServices@iusd.org
- Food/Nutrition Services:**
 Fax # (949) 936-6529
 Email: Nutrition@iusd.org

Send if applicable:

- Special Education
- Language Development Program
- Transportation