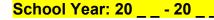


SECTION 4

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



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.

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 ()			
Last School Attended			City/State:	
	Services received at la	ast school: 🗌 English Language	e Learner 🗌 Special Ed	ucation
SECTION 2				
Loss of housing and (would otherwise be		others <u>due to economic har</u>	<u>dship.</u> Unable to affo	ord housing for your own family

- Living in a shelter or assisted/transitional housing (Families Forward, Human Options or other program:
- Living in a hotel or motel <u>due to economic hardship</u>
- 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.

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

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: 1. McKi

- McKinney-Vento Liaison: Mona Montgomery / Admin. Asst. (949) 936-5199 / (949) 936-5203 DoSupportServices@iusd.org
- 2. Food/Nutrition Services:
- Fax # (949) 936-6529

Send if applicable:

- Special Education
- Language Development Program

Date

□ Transportation

Yes

No