

**McKinney-Vento Service Referral Form**

Date: \_\_\_\_\_ Referred by \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ School/Other \_\_\_\_\_

Parent /Guardian \_\_\_\_\_ Are Parents Veterans? Yes  No

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Check one: Double-Up  Motel/Hotel  Shelter  Substandard Housing  Other

Current Address: \_\_\_\_\_

**If HOTEL is selected, please indicate the Name, Phone number, Address and ROOM number please.**

Power School # (Required)	Student Name	AGE	School Attending	Gr.

**NOTE: All McKinney-Vento students are eligible for free lunch.**

**INDICATE SERVICES NEEDED BELOW:**

School Uniforms  (Please indicate sizes and school uniform colors below)

Student Name	M / F	Height	Waist (inches) + Pant Color	Chest (inches) + Top Color

Transportation  Book bags  School Supplies  Enrollment  School Records

Immunization Records  Birth Records  Other

**CIRCUMSTANCES** (reason for requesting services please) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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