

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 # <i>(Required)</i>	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)

Email: sonya_jones@charleston.k12.sc.us or
shamekia_graham@charleston.k12.sc.us

Phone: 843-937-7920 / Fax: 843-937-6595

Dept. of Federal Programs/SG 07/01/2020