



Northshore
School District

Determining Eligibility for McKinney-Vento Services

Name of Student: _____ Grade Level _____

Address: _____

Phone: _____ Date of Birth: _____

School of Origin: _____

(school that the child/youth attended when permanently housed or last enrolled)

Local Attendance Area School: _____

(geographic attendance area where child/youth is actually living and is eligible to attend)

Which school does the child/youth want to attend? Why?

What is the distance and time spent on travel from current residence to school of origin?

How long did child/youth attend the school of origin? Were meaningful social and educational relationships established?

Are there specific people in the school of origin who have been providing support or assistance to the family or child/youth experiencing homelessness?

Are there specific programs, such as gifted, bilingual, or remedial education, in which the child/youth has been participating at the school of origin? Please be specific

Are these programs also available at the local attendance area school?

Based on knowledge of the family's situation, how long is the child/youth likely to remain homeless or in transition?

What is the likelihood that the family will re-establish residency near the school of origin?

Individuals consulted to determine that this placement is in the student's best interest:

Student Services Use Only

School Placement: _____

Transportation Mode: (circle one) [verified through Cheryl Richards]

Additional/Extend Bus Route	Contracted Transportation Services	Public Transportation
City/County Service	Special Ed Bus/Van	Privately owned non-family vehicle
Taxi Service	Reimbursing family for mileage	Other (specify)

Eligible for Free or reduced price meals (verified through Susan Cook)

Other services provided (e.g. Special Ed, English Language Learner, EAP, Title I, Vocational Ed, Mentoring Program, Clothing to meet a school requirement, school supplies, emergency assistance related to attendance)

Signature of Director of Students Services: _____ Date: _____