



Roseburg Public Schools

McKinney- Vento Program

Referred by: _____ Date: _____

Student Information

Student Name _____

Current Address _____

Phone _____

Contact Person _____

Male Female School _____ Grade _____

DOB _____ Age _____

Teen Parent Yes No

Employed Yes No Place of employment _____

Hours per week _____

Other sources of support _____

Primary night time residence
A. Shelter, transitional housing
B. Doubled-up, sharing housing (can also include students awaiting foster care placement)
C. Unsheltered (e.g., car, park, RV, camping, substandard dwellings)
D. Motel or Hotel

I give permission for _____ to transport my child/student to various appointments or meetings.

Parent Signature

Date