



<b>PREVIOUS SCHOOL DISTRICT</b>	<b>PREVIOUS SCHOOL</b>	<b># of Other Schools Student Previously Attended</b>
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**MV STUDENT TRANSPORTATION INFORMATION**

Was transportation to the school of origin provided to this student?

Yes  No

**If yes**, Was School of Origin:  Within District  Outside District

**If no**, please explain:

**School of Origin** is the school that the child or youth attended when permanently housed or the school in which the child or youth was last enrolled.

**School of Residence** is a school within the local attendance area where the child or youth is temporarily residing. This may be a PSA, charter school, or other LEA.

**Transportation Mode**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Additional/Extended Bus Route      | <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Taxi                |
| <input type="checkbox"/> Contracted Transport. Services     | <input type="checkbox"/> Special Ed. Bus/Van   | <input type="checkbox"/> City/County Service |
| <input type="checkbox"/> Privately-Owned Non-Family Vehicle | <input type="checkbox"/> Reimburse mileage     | <input type="checkbox"/> Prepaid Gas Card    |
| <input type="checkbox"/> Other <i>Specify</i> :             |  |  |

**BARRIERS FOR MV STUDENT**

**Indicate specific barriers this homeless student experienced at point of identification.**

Eligibility Questioned	School of Origin Selection	Transportation	Immunization/Medical Records	Other <i>Specify</i>

Indicate any other barriers you encountered when attempting to provide services to this MV student.

Indicate if there were any unmet needs of this MV student in your school.

**NEEDS ASSESSMENT**

Have the parents/guardian/youth been made aware of their rights (**see below**) as a child covered under the McKinney Vento Act? Yes  No

- Youth/families experiencing transitional housing have the right to:**
- Attend either the local school or the school of origin if this is in the best interest of the student.
  - Receive transportation to and from the school of origin if within a reasonable distance.
  - Enroll in school immediately, even if missing records and documents normally required for enrollment (birth certificate, immunizations).
  - Access to the same programs and services that are available to all other students including transportation and supplemental educational services.
  - Attend school with children not experiencing transitional housing difficulties; segregation based on a student's status as "youth in transition" is prohibited.

Students are entitled to attend their home school, regardless of the current living situation; with transportation to be provided by the schools if needed. Is help needed with this? Yes  No

Free or reduced breakfast/lunches? Yes  No

Backpacks and/or school supplies? Yes  No  School Clothing? Yes  No  Describe: \_\_\_\_\_

Do you feel your child needs a special education evaluation? Yes  No

Does your child need extra help/tutoring in school? Yes  No

Has your child been in any school activities in the past? Yes  No  Describe: \_\_\_\_\_

Would you like your child to be involved with these or other activities? Yes  No  Describe: \_\_\_\_\_

Do you need help finding other services? Yes  No

**ADDITIONAL NOTES:**

**Place a check ALL services the enrolled student will be receiving:**

- |  |   |
|--|---|
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> Free breakfast/lunch program   |
| <input type="checkbox"/> School Supplies   | <input type="checkbox"/> Special Education Services/IEP |
| <input type="checkbox"/> Gifted/Talented   | <input type="checkbox"/> Vocational/Technical Education |
| <input type="checkbox"/> LEP/Bilingual   | <input type="checkbox"/> Clothing/Shoes                 |
| <input type="checkbox"/> Tutoring (Title I)  | <input type="checkbox"/> Vision/glasses referral        |
| <input type="checkbox"/> Mentoring   | <input type="checkbox"/> Afterschool programs           |
| <input type="checkbox"/> Preschool/Head Start/Great Start/GSRP Enrollment  |   |
| <input type="checkbox"/> Counseling  | <input type="checkbox"/> Medical/Dental referral        |
| <input type="checkbox"/> Medicaid/DHS services   | <input type="checkbox"/> Housing/CoC Referral           |
| <input type="checkbox"/> Missing Enrollment Records:<br>- Birth certificate<br>- Immunizations/medical records<br>- Prior academic records<br>- Guardianship | <input type="checkbox"/> Other <i>Specify:</i>          |

\_\_\_\_\_  
Person completing assessment/intake

\_\_\_\_\_  
Date

I declare that the information provided here is true and correct and of my own personal knowledge. I understand that falsifying residency information for the purposes of school enrollment is against Michigan law. Falsifying enrollment information is an offense subject to prosecution.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_