



**YOUTH IN TRANSITION
PROGRAM APPLICATION/HOUSING QUESTIONNAIRE
MCKINNEY-VENTO EDUCATION FOR HOMELESS CHILDREN AND YOUTH
MCKINNEY-VENTO EDUCATION FOR HOMELESS CHILDREN AND YOUTH
CHARLES COUNTY PUBLIC SCHOOLS
DEPARTMENT OF STUDENT SERVICES**

SY 20__-20__

Please check one: New application: _____
Renewal application: _____

ENROLLING PARENT/GUARDIAN/CAREGIVER/UNACCOMPANIED YOUTH INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____ Date: _____

Relationship to Student: Mother Father Court Appointed Guardian Caregiver Self

Current Address: _____ Unit/Room#: _____ City: _____ State: _____ Zip code: _____

Name of Hotel/Motel (if applicable) _____ *Please indicate room number if residing in a hotel/motel above.*

Student's Date of Arrival of Current Address: _____ Expected Length of Stay: _____

Mailing Address (Required) _____ City: _____ State: _____ Zip code: _____

Primary Phone: _____ Phone Type: Cell Home Work Email Address: _____

Other Phone: _____ Phone Type: Cell Home Work

Student's Last Permanent Address: _____ City: _____

State: _____ Zip code: _____ Student's Last Date at Permanent Address: _____

Enrolling Parent(s)/Guardian(s)/Caregiver(s) must provide photo identification to accompany this application

OTHER PARENT/GUARDIAN/CAREGIVER INFORMATION Lives with Student. Yes No (if no, provide address below)

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to Student: Mother Father Court Appointed Guardian Caregiver

Street Address: _____ Room/Unit# _____ City: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ Work: _____ Email Address: _____

UNACCOMPANIED HOMELESS YOUTH/MIGRANT INFORMATION (*Check only if applicable*)

Unaccompanied Homeless Youth (student(s) not physically residing with biological parent or court appointed guardian) Migrant

NIGHTTIME RESIDENCE (*Check below which best describes your child(ren)'s nighttime residence*)

Shelter: Emergency/Transitional Motel/Hotel Living with another person/family due to loss of housing or economic hardship

Unsheltered: Car/Park/Woods or other locations not designed for regular sleeping accommodations Substandard or Inadequate Housing

SCHOOL PREFERENCE *Please check one of the boxes below for each school age child regarding school preference. The two choices are either for your student to attend the school last attended (school of origin) or the school in the attendance zone of your current location. Consideration shall be given to the selected school preference. School placement will be made according to the student's best interest. The school system will make a good faith effort to arrange transportation to the school of origin when feasible.*

INFORMATION ON CHILDREN AGES BIRTH TO 21

Last Name: _____ First Name: _____ Middle: _____ Birthdate _____ Grade: _____

Male Female Special Education Services Section 504 ELL Services CCPS Student ID #: _____

Last School Attended (School of Origin): _____ School Zoned for Current Location: _____

I prefer that my student attend the School of Origin I prefer that my student attend the school serving our current location

School Student will Attend: _____

INFORMATION ON CHILDREN AGES BIRTH TO 21

Last Name: _____ First Name: _____ Middle: _____ Birthdate _____ Grade: _____

Male Female Special Education Services Section 504 ELL Services CCPS Student ID #: _____

Last School Attended (School of Origin): _____ School Zoned for Current Location: _____

I prefer that my student attend the School of Origin I prefer that my student attend the school serving our current location

School Student will Attend: _____

INFORMATION ON CHILDREN AGES BIRTH TO 21

Last Name: _____ First Name: _____ Middle: _____ Birthdate _____ Grade: _____

Male Female Special Education Services Section 504 ELL Services CCPS Student ID #: _____

Last School Attended (School of Origin): _____ School Zoned for Current Location: _____

I prefer that my student attend the School of Origin I prefer that my student attend the school serving our current location

School Student will Attend: _____

INFORMATION ON CHILDREN AGES BIRTH TO 21

Last Name: _____ First Name: _____ Middle: _____ Birthdate _____ Grade: _____

Male Female Special Education Services Section 504 ELL Services CCPS Student ID #: _____

Last School Attended (School of Origin): _____ School Zoned for Current Location: _____

I prefer that my student attend the School of Origin I prefer that my student attend the school serving our current location

School Student will Attend: _____

TRANSPORTATION ARRANGEMENT

Regular Bus Transportation Walker. Parent/Guardian will Transport. Student Driver Gas Voucher Van Go Pass

Transportation Request Special Education Transportation Accommodations Section 504 Transportation Accommodations

Transportation will be provided upon request and if feasible unless the child is a walker. If student(s) require transportation to the "school of origin," please complete the *Youth in Transition Transportation Request Form*.

MCKINNEY-VENTO HOMELESS EDUCATION SERVICES AGREEMENT

Please initial each line below:

_____ I have received the CCPS McKinney-Vento Homeless Services brochure that includes information regarding my child(ren)'s educational rights under the McKinney-Vento Act, free school meals, the dispute resolution process, and community resource information.

_____ I understand that I have the right to appeal any denial of enrollment, McKinney-Vento educational services, transportation, or waiver of fees in writing within 10 days to the school principal or Youth in Transition Coordinator as outlined in the dispute resolution process.

_____ I understand that I can contact my school's Pupil Personnel Worker, PPW, for assistance with educational school fees, academic related services, and accessing community and agency resources.

_____ I give my permission for Charles County Public School System to share information from this application with community agencies who may be able to provide assistance or support to my family.

_____ I give my permission for my child(ren) to participate in extended learning opportunities/activities to assist with academic achievement.

_____ I understand that if my child(ren) have frequent school absences, late arrivals, early dismissals, and pick-up to and from school, a best interest meeting may be held to discuss transferring to the school in the attendance zone of our current location.

_____ I understand that a false claim of homelessness or false residency information may result in the withdrawal of my child(ren) from the above named school and/or the Charles County Public School System. Enrolling a student under a false pretense can be punishable by law and may require repayment of tuition.

_____ I am aware that my child(ren) will receive McKinney-Vento homeless services throughout the remainder of this school year even if we obtain permanent housing. I understand that I am responsible for updating any changes in address or contact information for my child(ren) with the school system.

Parent/Guardian/Caregiver/Unaccompanied Youth Signature _____ **Date** _____

CCPS Personnel Signature _____ **Youth In Transition Coordinator** **PPW**

ELIGIBLE **INELIGIBLE**

International Registration Coordinator

OFFICE USE ONLY for ADDITIONAL INFORMATION

- BACKPACK W/ SCHOOL SUPPLIES BEST INTEREST MEETING REQUEST BIRTH CERTIFICATE CALCULATOR CLOTHING COUNSELING DV PROGRAM
- EARLY PROGRAMS ELO MENTOR PROGRAMS EMERGENCY ASSISTANCE EXPEDITED EVALUATIONS HOLIDAY ASSISTANCE NATURAL DISASTER
- RECORD TRANSFER/INTERNAL TRANSFER REFERRALS SAFE AT HOME PROGRAM SCHOOL/AGENCY COORDINATION SCHOOL PARTICIPATION ASSISTANCE
- SCHOOL SUPPLIES TRANSPORTATION TUTORING/INSTRUCTIONAL PROGRAMS OTHER: _____

**Distribution: Maintain a copy of application in enrolling documents for student in Synergy, and provide a photocopy to the enrolling adult/unaccompanied youth.*