

Date: \_\_\_\_\_ LEA: Calcasieu School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Guardian / Adult Caring for Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.*

1.  YES  NO Did the student receive McKinney Vento (Homeless) Services in a previous school district?
2.  YES  NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 11 and submit form to school personnel.)
3.  YES  NO Is the temporary living arrangement due to loss of housing or economic hardship?
4.  YES  NO Does the student have a disability or receive any special education-related services? (Check one)
5. Where is the student currently living? (Check all that apply.)

- In an emergency/transitional shelter.
- Temporarily with another family because we cannot afford or find affordable housing.
- With an adult that is not a parent or legal guardian, or alone without an adult.
- In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
- In a hotel/motel.  Other specific information: \_\_\_\_\_

6.  YES  NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
7. Would you like assistance with uniforms, student records, school supplies, transportation, other?  
(Describe): \_\_\_\_\_
8.  YES  NO *Foster Care – Is under DCFS Foster Care Program*
9.  YES  NO Migrant - Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
10.  YES  NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.  
Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
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11. The undersigned certifies that the information provided above is accurate. In compliance with Act 837, I give permission to the CPSB McKinney-Vento Staff to disclose my student's personal information to JCampus/EdLink and release my student's name, classification, picture, art, written work, voice, verbal statements, and contact information only as related to student achievement, accomplishment, recognition, scholarship procurement, state/national club memberships and summer camps.

Print Parent/Guardian/Adult Caring for Student's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Area Code) Phone Number \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Print School Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Homeless Liaison Use Only - Check All that Apply:

- Sheltered  Doubled-Up  Unsheltered/FEMA/Substandard  Hotel/Motel

Unaccompanied Youth:  YES  NO

School Use Only:  Free or Reduced-Price Meals Form submitted/signed

Copy Placed in Student's Cumulative Record

Email: [federalprogramsrosteet@cpsb.org](mailto:federalprogramsrosteet@cpsb.org)