

West Chester Area School District Student Update Form

Pennsylvania's Education for Children and Youth Experiencing Homelessness Program



782 Springdale Drive Exton, PA 19341
(484) 266-1226



1. Are you currently residing in a permanent housing situation? Yes No
2. If you answered Yes to question one please complete section A, sign and date at the bottom, and make sure your child(ren)'s school is aware of the address change. If you answered No to question one please complete the form in its entirety, if you have any questions please call Tricia Alston, Homeless Liaison at (484) 266-1226.

Name of Individual Completing Form: _____ Date: _____

Parent/Guardian responsible for enrolling student: _____ Relationship to student: _____

Address: _____ Contact Number: _____

Email: _____ District/School of Origin: _____ District/School Residing: _____

District/School Attending: _____ Transportation Outside Attendance Boundaries: Yes No

| <u>Student Name</u> | <u>DOB</u> | <u>Gender</u> | <u>Grade</u> | <u>School Building</u> | <u>PA Student ID#</u> |
|---------------------|------------|---------------|--------------|------------------------|-----------------------|
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IF 12th GRADE, POST SECONDARY PLANS (select one): 2-yr college/university 4-yr college/university Armed forces Business/Trade school Employment Obtain GED (drop-out only) Other Unknown

Method of Identification (select one): Self/Parent Identified Shelter visit School Staff Identified Survey Other Referral Other

Precipitating Event (select one): Abandonment Act of Nature/Natural Disaster Death of Parent/Guardian Domestic Violence Eviction Fire Hospitalization of Parent/Guardian Incarceration of Parent/Guardian Left Home Military Parental Job loss/ Loss of Income Parent Divorce/Separation Separated from Family Other Poverty-related Situation Other _____ Unknown

Unaccompanied Youth: Yes No

Current Nighttime Residence Status (select one): Doubled-up Hotels/Motels Shelters, Transitional Housing, Awaiting Foster Care Unsheltered (e.g., cars, parks, campgrounds, temp trailer, or abandoned buildings) * has a place to live, has paid the rent for 2 months, but the landlord but doesn't want to give a lease.

SHELTER/PROGRAM/HOTEL/MOTEL NAME: _____ DATE OF ENTRY: _____

I, _____ affirm that the residency information provided herein is true and accurate. Also, that I have been advised of my rights and my child's rights under the McKinney-Vento Federal Homeless Assistance Act.
(Parent's/Guardian Name)

(Signature of Parent/Guardian) (Students Name) (Date)

Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.

School Services are on reverse side. **Book Bag with school supplies needed**

SCHOOL SERVICES

| MV | Funding used | | | Type of Service provided |
|----|--------------|-----|-------|--|
| | Title 1 | ARP | Other | |
| | | | | N/A |
| | | | | Tutoring or other instructional support (includes Title 1, ESL, Migrant, Spec Ed) |
| | | | | Expedited evaluations (includes Spec Ed, Gifted, NSLP, ESL, Title 1, Migrant) |
| | | | | Referrals for medical, dental, and other health services |
| | | | | Transportation |
| | | | | Early childhood programs |
| | | | | Assistance with participation in school programs |
| | | | | Before, after-school, summer, mentoring programs |
| | | | | Obtaining or transferring records necessary for enrollment |
| | | | | Coordination between schools and agencies |
| | | | | Counseling (includes violence prevention, SAP) |
| | | | | Addressing needs related to domestic violence |
| | | | | Clothing to meet a school requirement |
| | | | | School supplies |
| | | | | Referral to other programs and services |
| | | | | Emergency assistance related to school attendance |
| | | | | Other Services (please describe) |
| | | | | Specify your own value: |

UNACCOMPANIED YOUTH:

1) Does the parent still want school information and are they in PowerSchool as contact 1? Yes No

Name:

Address:

Phone number:

2) What is/are the names of individuals student is staying with if not listed above:

Name:

Phone Number:

3) Is the adult the student is staying with listed in PowerSchool and do we have a release? Yes No