



McKinney-Vento Service Referral Form

Date:	Referred By:	Phone:	Title:
Parent/Guardian: (Parent's information below)		School/Other: (School student is attending)	
Are Parents Veterans? ☐ Yes ☐ No		Emergency Contact: (Point of contact other than parent. Please indicate name and number)	
Phone (Home):	Cell:	Email Address:	
Check one: ☐ Doubled Up ☐ Motel/Hotel ☐ Shelter ☐ Substandard Housing ☐ Unsheltered ☐ Other _____			
Previous McKinney-Vento? ☐ Yes What Year(s)? _____ ☐ No		Current Address: (If a hotel, please indicate Hotel name, phone and room number.)	

<i>PowerSchool # (Required)</i>	Student Name	Age	School Attending	Grade	IEP/504

PLEASE INDICATE RESOURCES NEEDED:

- ☐ Book bags ☐ School Supplies ☐ Uniforms ☐ Enrollment ☐ School Records ☐ Immunization Records ☐ Birth Records
☐ Transportation ☐ Special Needs Bus Required ☐ Medical Assistance ☐ Other

School Uniforms (Please indicate size and school uniform colors below.) **** All McKinney-Vento students are eligible for FREE LUNCH. ****

Student Name	M / F	Shirt Size	Shirt Color	Pant Size	Pant Color

PLEASE INDICATE CIRCUMSTANCES:

- ☐ Eviction (date) _____ ☐ Fire (date) _____ ☐ Natural Disaster (describe): _____
- ☐ Domestic Violence ☐ Seeking Asylum ☐ Substandard Housing (describe): _____
- ☐ Other _____

Submit to: mckinney-vento@charleston.k12.sc.us
 Department of Federal Programs Phone: 843-937-6402
 Revised:08/05/25 TK

Approved by: Sonya Jones, Title I Program Compliance Administrator / Date

ADDITIONAL STUDENTS:

<i>PowerSchool # (Required)</i>	Student Name	Age	School Attending	Grade	IEP/504

School Uniforms (Please indicate size and school uniform colors below.) ** All McKinney-Vento students are eligible for FREE LUNCH. **

Student Name	M / F	Shirt Size	Shirt Color	Pant Size	Pant Color