

# McKinney-Vento Homeless Education

**White Bear Lake Area Schools #624**

**2399 Cedar Ave, White Bear Lake, MN 55110**

<b>Contact Person Name</b> (Parent, Guardian, Other)	
<b>Address</b> (Street, City, State, Zip Code)	
<b>Phone Number</b> (Include Area Code)	

**Presently, are you and/or your family in any of the following living situations:**

- Sharing housing of others due to loss of housing, economic hardship or similar
- Staying in a shelter
- Unsheltered (living in a car, street, abandoned building)
- Motel/hotel due to loss of housing
- Transitional Housing
- Migrant worker
- Unaccompanied youth: Not in the physical custody of parent or legal guardian
- Other Please explain:

**Is there a current *Order of Protection* or *No Contact Order* which concerns the student?**

- No
- Yes, if yes please explain \_\_\_\_\_

**Please list below the children in your care** (use additional pages if necessary)

Name (First Middle Last)	M/F	D.O.B.	GR	Previous School Attended	School Requested	Special Services Yes\No

## Child Nutrition Program Information

*McKinney Vento qualifies your student(s) for free school meals through our Child Nutrition Program. Your student(s) may also receive free or reduced fees for other school related programs. You have the option to give your permission for your student(s) free meal status to be shared (or not) with other White Bear Lake Departments by checking one of the boxes below.*

- Yes I give my permission for my information to be shared with other White Bear Lake Area School departments.** If you check this box, Child Nutrition will be able to disclose your free/reduced meal eligibility to other appropriate school officials for the purpose of receiving assistance or a waiver for other school related programs.
- No, Do not share my information with other White Bear Lake Areas School departments.** If you check this box, it means that other White Bear Lake programs will not have access to your eligibility, and it will be your responsibility to provide this information to them to receive waived or reduced fees.

To the best of my knowledge, the information in this document is accurate

Signature below of Parent / Legal guardian or Person or Person completing this form in Lieu of Parent/ Legal Guardian:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_