



Suffolk Public Schools
Office of Student Services
2026 - 2027 School Year

100 North Main Street
Suffolk, Virginia 23434

Phone: 757-925-6750
Fax: 757-925-6751

McKinney-Vento Affidavit

The information on this form is used to help determine eligibility for services under the McKinney-Vento Homeless Assistance Act. The answers you give will help the school determine the services the student may be eligible to receive. ***The student will not be discriminated against based upon the information provided and the information you provide is confidential.***

School Year _____ School _____ Date _____
Student Name _____ Age _____ Gender _____
(Last) (First) (Middle)
Date of Birth _____ Student ID Number _____ Grade _____

Ethnicity:
☐ African American
☐ Asian
☐ Caucasian
☐ Hispanic
☐ Native American
☐ Other

Student's Current Address/Location _____

Please identify the students' current living arrangements:

- ☐ Sharing the housing of other person's due to loss of housing, economic hardship or similar reason
➤ (Explain _____)
- ☐ Living in a hotel/motel, trailer park or campground due to a lack of adequate accommodations
➤ (Explain _____)
- ☐ Living in emergency or transitional shelter
➤ (Explain _____)
- ☐ Living in a car, park, public space, abandoned building, bus or train station, substandard housing or other structure not meant for housing
➤ (Explain _____)
- ☐ Student not living with a parent or court appointed legal guardian
➤ (Explain _____)

Name and Phone Number of Person Living With _____

Please list all pre-school and school age siblings:

Name	Age	DOB	School	Student ID #	Grade

Parent/Guardian Name _____ Phone Number _____

Email Address _____ Alternate Phone Number _____

My signature below affirms that the information provided on this form is true and accurate to the best of my knowledge or belief. I understand that enrolling a child in a Virginia public school under false pretense is punishable under the law.

Signature of Parent/Guardian

Relationship to Student

Date

