Plumsted Township School District

131 Evergreen Road
New Egypt, NJ 08533
Telephone (609) 758-6800 Ext. 4206
Fax (609) 758-6808
www.newegypt.us

Student's Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name(s): _____

Phone number(s): _____

Parent/ Guardian Email Address: _____

Current Address: _____

Is the student's legal parent/guardian name(s) on the deed, mortgage, or lease? ☐Yes ☐No

Move in Date? _____ How long do you plan to live at this residence? _____

Previous Address: _____

How long did you reside at the previous address? _____

Last School Attended: _____ City: _____ State:_____

Siblings of student's name(s): School & Grade (if applicable):

_____ _____
_____ _____
_____ _____

Please answer ALL of the following questions:

- **Is this student's home address a temporary living arrangement? ☐Yes ☐No**
- **Is this a temporary living arrangement due to loss of housing or economic hardship? ☐Yes ☐No**
- **Is this student in temporary or emergency foster care placement? ☐Yes ☐No**
- **Is the student not living with a parent or legal guardian? ☐Yes ☐No**

1. Where is this student currently living? *(check box)*

☐With more than one family in a house or apartment
☐Temporary/emergency foster home
☐In a motel/hotel-Name of motel/hotel: _____
☐In a shelter- Name of shelter: _____
☐Transitional Housing- Name of transitional housing: _____
☐GroupHome- Name of group home:_____
☐Moving from place to place or a location not designed for sleeping accommodations (ex. car, park, or campsite)

Please check off all types of transportation accessible to the family. ☐Car ☐Bus ☐Train ☐Other _____

2. With whom does the student currently live: *(check box and/or circle where necessary)* ☐Both parents ☐One parent- *Mother/ Father* ☐Which Parent(s) has legal custody? *Mother/Father*

☐A relative- Specify which (e.g. grandmother) _____
☐Friends or other adults- pleaseidentify_____

☐An adult who is not a parent or legal guardian- please identify _____

3. Describe the current living situation in detail (Ex. What circumstances lead you to this current residence?):

_____

_____

_____

4. Any possibility of violence or abuse in home? □ Yes □ No
If so, describe and include the school's actions and any other agencies involved: _____

______

_____

5. In your child's previous school, did he/she receive any of the following? ***(check all that apply)***

☐ My child did not receive any of the following services.
☐ Special Education (I.E.P.) /Exceptional Children's Services- Describe:_____
☐504 Accommodation Plan- Describe: _____
☐English As a Second Language (ESL) services
☐Help for Behavior Improvement
☐Tutoring Services
☐Academically or Intellectually Gifted services
☐Counseling services ☐Other

6. At this time, what is the greatest need for your child? ***(check all that apply)***

☐School supplies
☐School uniform or clothing: Size(s)
_____
☐Help for academic improvement
☐Help for behavior improvement
☐Referral for food assistance
☐Medical referral/immunizations
☐Mental health/counseling referral
☐Other- Please describe: _____

The parent/ guardian can read and understand English. □ Yes □ No
If not, please indicate the language you can read and understand _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district and (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other district staff members for a legitimate educational purpose. (4) My signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow Hillside staff to conduct screenings as a part of the district's McKinney-Vento program. (5) I also understand that I must notify the Hillside Public School district of any changes as soon as they occur.

Parent/Guardian Signature: _____ Date: _____
(Or Unaccompanied Youth)

Below to be completed by the district's McKinney-Vento Liaison

STUDENT_____ DOB_____ AGE_____ GRADE_____ IEP (YES) NO

STUDENT IS PRESENTLY: ( ) DOUBLED UP ( ) IN A MOTEL/HOTEL ( ) IN A SHELTER ( ) KNOWN TO DCP&P

PRESENT LOCATION:_____ **AS OF:** _____

LAST PERMANENT PLACE OF RESIDENCY: _____ **AS OF:** _____

DISTRICT OF RESPONSIBILITY (D.O.R.):_____

STATEMENT: _____

_____

_____

_____

☐ **Distributed McKinney-Vento Rights and additional information to parent/ guardian**

ELIGIBLE UNDER MCKINNEY-VENTO ( ) YES ( ) NO ( ) _____

NOTIFICATION SENT TO: ☐ SCHOOL - ☐ B.A. - ☐ DIR. OF S.S. - ☐ **TRANSPORTATION/**SCHOOL LUNCH COORD. - ☐

McKinney-Vento Liaison Signature: _____ **Date:** _____

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