Charleston County SCHOOL DISTRICT

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.)**	

PowerSchool # (Required)	**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:06/29/2026 AP

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Approved by: Abria Pryor, Federal Program Facilitator/ Date

ADDITIONAL STUDENTS:

PowerSchool # (Required)	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