

Date: \_\_\_\_\_

# Midway Public Schools McKinney-Vento Intake Form

Student's Name: \_\_\_\_\_ ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home School (based on current residence): \_\_\_\_\_

School of Origin (last school attended): \_\_\_\_\_

Siblings of student:

Name

School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions:**

1. Is this student's home address a temporary living arrangement?  Yes  No

2. Is this a temporary living arrangement due to loss of housing or economic hardship?  Yes  No

3. Is this student in temporary or emergency foster care placement?  Yes  No

4. As a student, are you living with someone other than your parent or legal guardian?  Yes  No

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

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

In a motel/hotel- Name of motel/hotel: \_\_\_\_\_

In a shelter- Name of shelter: \_\_\_\_\_

Transitional Housing- Name of transitional housing: \_\_\_\_\_

Group Home- Name of group home: \_\_\_\_\_

Temporary/emergency foster home

With more than one family in a house or apartment

Moving from place to place

In a location not designed for sleeping accommodations such as a car, park, or campsite

**2. How long have you lived at this residence?** \_\_\_\_\_

**3. How long do you plan to live at this residence?** \_\_\_\_\_

**4. With whom does the student currently live: (check box)**

Both parents

One parent- Which parent? \_\_\_\_\_

One parent and another adult- Which parent? \_\_\_\_\_

A relative- Specify which (e.g. grandmother) \_\_\_\_\_

Friends or other adults- please identify \_\_\_\_\_

An adult who is not a parent or legal guardian- please identify \_\_\_\_\_

5. Describe the current living situation in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any possibility of violence or abuse in home? If so, describe. What were the school's actions?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

8. At this time, what is the greatest need for your child? *(check all that apply)*  
 School supplies  
 School uniform or clothing  
 Help for academic improvement  
 Help for behavior improvement  
 Other- Please describe: \_\_\_\_\_  
 Referral for food assistance  
 Medical referral/immunizations  
 Mental health/counseling referral

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 with 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 Midway staff members for a legitimate educational purpose. Confidentiality of student/family information will be kept in accordance with federal laws. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow Midway staff to conduct screenings as a part of the district's McKinney-Vento program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Or Unaccompanied Youth)

Midway School Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_