



Illinois State Board of Education

100 North First Street, S-493
Springfield, Illinois 62777-0001

MCKINNEY-VENTO HOMELESS EDUCATION COMMON FORM

GENERAL COUNSEL DIVISION

DISTRICT NAME AND NUMBER		SCHOOL NAME		
STUDENT NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (mm/dd/yyyy)	SIS NUMBER	GRADE (PRESCHOOL – 12)
CONTACT PERSON (Parent, Guardian, Other)		UNACCOMPANIED YOUTH* <input type="checkbox"/> Yes <input type="checkbox"/> No		PRESCHOOL AGE (3-5 CHILD) <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (Street, City, State, Zip Code) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		TELEPHONE (Include Area Code)		
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> MULTI-RACIAL/ETHNIC				

*unaccompanied youth – youth who is not in physical custody of parent of guardian.

CONFIDENTIAL INFORMATION

Complete only if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> With relatives or others due to lack of housing |
| <input type="checkbox"/> Motel/hotel, camping ground, or other similar situation due to lack of alternative, adequate housing due to the loss of housing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Train or bus station, park, or in a car | <input type="checkbox"/> Disaster victim? Explain: _____ |
| <input type="checkbox"/> Abandoned apartment/building | _____ |

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

Last school attended: _____

Eligible for any educational and school related activities and services?

- Special Education (IDEA) English Language Learners (ELL) Gifted and Talented Vocational Education Preschool age 3-5
 Other: _____

Possible Barriers to Education

- School Selection Transportation School Records Immunizations or other medical records
 Other: _____

Proposed Services and Activities – 16 Allowable Services under McKinney-Vento

- | | |
|---|---|
| <input type="checkbox"/> Tutoring or other instructional support | <input type="checkbox"/> Expedited evaluations |
| <input type="checkbox"/> Referrals for medical, dental, & other health services | <input type="checkbox"/> Staff professional development/awareness |
| <input type="checkbox"/> Assistance with participation in school programs | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Obtaining or transferring records necessary for enrollment | <input type="checkbox"/> Early childhood programs – preschool, Head Start |
| <input type="checkbox"/> Coordination between schools and agencies | <input type="checkbox"/> Before/after-school, mentoring, summer programs |
| <input type="checkbox"/> Clothing to meet a school requirement | <input type="checkbox"/> Parent education related to rights/resources |
| <input type="checkbox"/> Emergency assistance related to school attendance | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Addressing needs related to domestic violence | <input type="checkbox"/> School supplies |
| <input type="checkbox"/> Referral to other programs and services | <input type="checkbox"/> Other _____ |

COMMENTS: _____

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

Name (please type or print)

ROE/LEA/Agency

Title

Signature

Date

Please list below the children in your care: (Attach additional sheets if necessary.)

NAME OF CHILD	DATE OF BIRTH	SEX		GRADE LEVEL	NAME OF LAST SCHOOL ATTENDED	NAME OF NEW SCHOOL
		M	F			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
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	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			
	/ /	<input type="checkbox"/>	<input type="checkbox"/>			

CONTACT INFORMATION OF FAMILY (optional)

SERVICES ALREADY BEING PROVIDED

OTHER INFORMATION