**Name of Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BCPS **ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of school**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade:** \_\_\_\_\_ **Age**: \_\_\_\_\_ **DOB**: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender**: \_\_\_\_\_ **Ethnicity**: \_\_\_\_\_

Ethnicity: 01- American Indian/Alaskan Native 02-Asian 03-Black (Non-Hispanic) 04 – Hispanic 05 – White (Non-Hispanic) 06-Native Hawaiian or Other Pacific Islander 00-Unspecified

**Please identify the type of housing the child is currently staying in from the following codes**: \_\_\_\_\_

Housing: S-Shelter H/M-Hotel/Motel C-Campsite R/F-Relative/Friend O-Other

*Note: If “Other” is listed for Housing, please provide additional details on the back of this form. Thank you.*

**Current Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Phone Number**: (\_\_\_\_)-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

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

**\*\*\*\*\*\*\*\*\*\* ARE THERE PRESCHOOLERS IN THE FAMILY? \_\_\_\_\_\_\_\_\_\_ (Yes/No) \*\*\*\*\*\*\*\*\*\***

**Check all services the student currently receives:**

* Special Education
* Title I
* ELL
* Migrant Programs
* After School Program
* Tutoring
* Medicaid
* Counseling
* Other (list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Needs:**

* Transportation needed to school of origin. School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Transportation is not needed

\_\_\_\_\_ Child will ride his/her regular school bus

\_\_\_\_\_ Parents will provide transportation

* **Parents were provided information regarding educational and related opportunities while homeless.**

**Referring Source:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Referral to McKinney-Vento Liaison: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please forward to: Cathey Burks, McKinney-Vento Liaison**

 **310 S. Bridge Street, Bedford, VA 24523**

 **Phone: (540) 586-1045 Ext. 10274|Fax: (540) 586-7703**