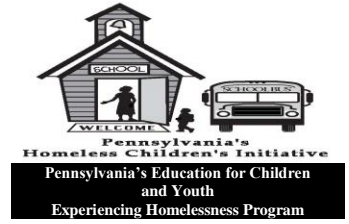




West Chester Area School District
 782 Springdale Drive
 Exton, PA 19341
 (484) 266-1000



Chester County Homeless Student Intake Form

****Date:** _____
****Reporting Entity:** _____ **Name of Employee Completing/Collecting Form:** _____

Parent/Guardian responsible for enrolling student: _____ **Relationship to student:** _____

Address: _____ **Contact Number:** _____

District Currently Residing: _____ **District of Origin:** _____ **Email:** _____

Student Name	DOB	Gender	**Grade	School Building	**PA Student ID# or Local ID#

If a child is not school age please enter age and create a unique Local ID that identifies the District (LEA) for the child.

IF 12th GRADE, POST SECONDARY PLANS(select one): 2-yr college/university 4-yr college/university Armed forces Business/Trade school Employment
Obtain GED (drop-out only) Other Unknown

Method of Identification(select one): Self/Parent Identified Shelter visit School Staff Identified Survey Other Referral Other

Precipitating Event (select one): Abandonment Act of Nature/Natural Disaster Death of Parent/Guardian Domestic Violence Eviction
Fire Hospitalization of Parent/Guardian Incarceration of Parent/Guardian Left Home Military Parental Job loss/ Loss of Income
Parent Divorce/Separation Separated from Family Other Poverty-related Situation Other _____ Unknown

****Unaccompanied Youth:** Yes No **Transportation Outside Attendance Boundaries:** Yes No

Student Status(select one): Alternative Placement Awaiting School Enrollment Currently Enrolled in School Dropped Out Graduated
Left the region No Longer Homeless Withdrew from School Other _____

Date of School Attendance: _____ **OR** Already attending **District of Current Enrollment:** _____

****Current Nighttime Residence Status**(select one): Doubled-up Hotels/Motels Shelters, Transitional Housing, Awaiting Foster Care
Unsheltered (e.g., cars, parks, campgrounds, temp trailer, or abandoned buildings)

SHELTER/PROGRAM/HOTEL/MOTEL NAME: _____ **DATE OF ENTRY:** _____

Were there barriers to enrollment?: None Eligibility for Homeless Services School Selection Transportation School Records
Immunizations Other Medical Records Other Barriers _____

I, _____ affirm that the residency information provided herein is true and accurate Also, that I have been advised
 (Parent's/Guardian Name) of my rights and my child's rights under the McKinney-Vento Federal Homeless Assistance Act.

 (Signature of Parent/Guardian)

 (Students Name)

 (Date)

Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC).
 Violation of this could lead to disciplinary action, including dis-enrollment.

School Services are on reverse side.

Book Bag with school supplies needed

SCHOOL SERVICES

Funding used		Type of Service provided
Title 1	Other	
		N/A
		Tutoring or other instructional support (includes Title 1, ESL, Migrant, Spec Ed)
		Expedited evaluations (includes Spec Ed, Gifted, NSLP, ESL, Title 1, Migrant)
		Referrals for medical, dental, and other health services
		Transportation
		Early childhood programs
		Assistance with participation in school programs
		Before, after-school, summer, mentoring programs
		Obtaining or transferring records necessary for enrollment
		Coordination between schools and agencies
		Counseling (includes violence prevention, SAP)
		Addressing needs related to domestic violence
		Clothing to meet a school requirement
		School supplies
		Referral to other programs and services
		Emergency assistance related to school attendance
		Other Services (please describe)
		Specify your own value: