

ILLINOIS STATE BOARD OF EDUCATION

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

MCKINNEY-VENTO HOMELESS EDUCATION
COMMON FORM

Form with fields: DISTRICT NAME AND NUMBER, SCHOOL NAME, STUDENT NAME, DATE OF BIRTH, SIS NUMBER, GRADE (PRESCHOOL - 12), CONTACT PERSON, UNACCOMPANIED YOUTH, PRESCHOOL AGE (3-5 CHILD), ADDRESS, TELEPHONE, RACE.

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:

- Shelter
Motel/hotel, camping ground, or other similar situation due to lack of alternative, adequate housing
Train or bus station, park, or in a car
Abandoned apartment/building
With relatives or others due to lack of housing
Temporarily housed in shelter awaiting DCFS foster care placement
Other:
Disaster victim? Explain:

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 to be Provided by McKinney-Vento

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

CONTACT INFORMATION OF FAMILY

SERVICES ALREADY BEING PROVIDED

OTHER INFORMATION