



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

# McKinney-Vento Confidential Notification Form

Student \_\_\_\_\_ ( M / F ) Teacher \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Temporary Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person Making Notification \_\_\_\_\_ Position \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Do you want the liaison to contact the family/youth?** \_\_\_\_\_

Please check all needs:	Date Services Offered:	Completed (initial)
<input type="checkbox"/> Transportation to school		
<input type="checkbox"/> Birth Certificate		
<input type="checkbox"/> Immunizations		
<input type="checkbox"/> Academic records/documents		
<input type="checkbox"/> Free lunch		
<input type="checkbox"/> School Supplies		
<input type="checkbox"/> School fees		
<input type="checkbox"/> Academic needs, i.e. tutoring		
<input type="checkbox"/> Community Resources		
<input type="checkbox"/> School clothes		
<input type="checkbox"/> Excessive absences		
<input type="checkbox"/> Health/mental health		
<input type="checkbox"/> Guardianship is a problem		

### Reasons that the student qualifies for McKinney-Vento (Please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Substandard Housing      | <input type="checkbox"/> Living in car |
| <input type="checkbox"/> Transitional housing     | <input type="checkbox"/> Campground    |
| <input type="checkbox"/> Resides in a shelter     | <input type="checkbox"/> Motel/hotel   |
| <input type="checkbox"/> Living with someone else | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Unaccompanied youth      | <input type="checkbox"/> Kinship Care  |

### Mark services the student is currently receiving (Please check all that apply):

- |  |                                  |                                     |
|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> ELL     | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Title One         | <input type="checkbox"/> Migrant | <input type="checkbox"/> IEP        |
| <input type="checkbox"/> Free Lunch        | <input type="checkbox"/> Gifted  |                                     |

#### COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List family members in same living situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Rights Received \_\_\_ yes \_\_\_ no

Complete at School: _____	Enrollment Date: _____	School of Origin: _____	Student ID: _____
Withdrawal: _____	Date: _____	DOB: _____	

Please fax this form to:  
 Tamera Saunders-Liaison  
 Fax: (865) 594-8479 Office: (865) 594-3648  
 Cell: (865) 755-6248  
 Email: tamera.saunders@knoxschools.org