

McKinney-Vento Act Homeless Designation Form

Name of School: _____

Name of Student: _____

Last

First

Middle

Date of Birth: _____

Grade: _____

Parent/Guardian Name: _____

Phone #: _____

Currently Residing At: _____

Street or Route (P.O. Box Not Accepted)

Town/City

State

Zip

How long have you resided at the current address listed? Years _____ Months _____

What are the circumstances that compelled you to live at this address? Was it Fire, Eviction, Divorce, Loss of Employment, other? If you choose other, please list reason.

How long do you expect to continue to reside at this address? _____

Are you looking for another place to live? Yes No

Do you reside with friends/relatives to share expenses or save money? Yes No

Are you and your children sleeping in a public area, such as a dining room? Yes No

For the reason(s) listed I wish to receive services listed under the McKinney-Vento Act. I have been advised of my appeal rights to this decision should I disagree with the findings of the school district.

If you disagree with the determination that you do not qualify for special considerations under the McKinney-Vento Act you do have the right to appeal this decision. To begin the appeal process, please respond in writing explaining your situation and why you feel that Tidioute Community School District should still consider your current living situation to be within the requirements of the McKinney-Vento Act. You should prepare and mail your letter within 10 days of the date on this form to Mrs. Michelle Buccardo, TCCS Homeless Liaison, 241 Main St, Tidioute, PA 16351. Your letter will be reviewed, and a meeting will be scheduled with you to address your concerns. If we do not receive a letter explaining your reasons for appeal, it will be assumed that you agree with our determination and that you will take the appropriate steps to enroll your children within your attendance area.

Date: _____

(Parent/Guardian or Student Signature)

Approved: _____ Denied: _____ Determination Letter Mailed: _____

Date: _____

(Signature LEA or Acting LEA)