



Irvine Unified School District
 McKinney-Vento Homeless Assistance Act
Confidential Enrollment Form

NOT MV eligible

MV required info

The McKinney-Vento Act defines the term "homeless children and youth" as individuals who lack a fixed, regular and adequate night time residence. Students and families that are doubled up with other families due to economic hardship, living in shelters, motels or vehicles may qualify for services. We may offer help with school supplies and connecting families with resources in our community. These services are in response to federal legislation which is designed to provide educational services and protect the educational rights of students considered homeless. This form assists school personnel in complying with the legal guidelines for school enrollment for children who meet the eligible criteria for services.

SECTION 1

- Living in home, rented home, or apartment (one family) Section 8 housing or subsidized housing
- Living with friends or relatives (own choice)

OFFICE STAFF:
 Discard!
 Form!

If you marked either option in Section 1, you do not need to complete or submit this form.

SECTION 2

- Loss of housing and now sharing/renting with others due to economic hardship. Unable to afford housing for your own family (would otherwise be homeless)
- Living in a shelter or assisted/transitional housing (Families Forward, Human Options or other program: _____)
- Living in a hotel or motel due to economic hardship
- Living in a campground, park, or car
- Unaccompanied minor
- Other circumstances (please explain) _____

SECTION 3

Date _____ School _____ Grade _____

Student's Name _____ Date of Birth _____
Last Name First Name Month/Day/Year

Parent/Guardian Name _____
Last Name First Name

Current Address _____
Street City State

Telephone Number () _____

Last School Attended _____ City/State _____

Services received at last school: English Language Learner Special Education

Please list the name(s) of additional siblings that attend the SAME SCHOOL:

Student: _____ School: _____ Grade: _____
Last Name First Name

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Providing false information could result in the immediate withdrawal of the above named student from the school.

Parent Signature: _____ Date: _____

Office Use Only

Please code the student appropriately in the Program field in AERIES & send a copy to departments listed below. Keep original in student's file.

Immediately send to:

- 1. Guidance Resources Fax # 949-936-7529
- 2. Food/Nutrition Services Fax # 949- 936-6529

Send if applicable:

- Special Education Fax # 949-936-5239
- Language Development Program Fax # 949-936-8509
- Transportation Fax # 949-936-5379

*Verified by School Staff: Must be signed before sending *