Rapides Parish McKinney-Vento Homeless Program

P.O. Box 7117 - Alexandria, LA 71306-7117

Phone: 318-442-8891 Ext. 3328 Email: mckinney.vento@rpsb.us

30-Day Acknowledgement Form

Student's Name: _____

Date of Birth: _____

School: _____

SOCIAL SECURITY CARD

_____ The parent has provided the Social Security Number, however, the Social Security Card was not presented at the time of enrollment. The parent's/ guardian's signature acknowledges that he/she has provided the correct number, but the card should be provided within **30 days of enrollment**.

_____ The Social Security Number has not been provided; therefore, PowerSchool will assign the student with a generated number. The social security card should be provided within **30 days of enrollment**.

BIRTH CERTIFICATE

_____ The parent's/ guardian's signature acknowledged that he/she will provide the Birth Certificate for this student within **30 days of enrollment**.

IMMUNIZATION

_____ The parent's/ guardian's signature acknowledges that he/she will provide an updated Immunization Record within **30 days of Enrollment**.

My signature acknowledges that documents are needed and should be provided within **30 days of enrollment.** If assistance is needed in obtaining these items, I will contact McKinney- Vento Homeless Office at 318- 442-8891 ext. 3328.

Parent/ Guardian's Signature: _____

Date: _____