## Ketchikan Gateway Borough School District McKinney-Vento Intake Affidavit

Student's Name:		ID#		
Date of Birth:	Age:	Grade:	Sex:	
Parent/Guardian Name(s):				
Phone number(s):				
Address:				
Home School (based on current residence): School of Origin (last school attended):				
Siblings of student:				
Name		School		
Please answer the following questions:				
1. Is this student's home address a temporary	living arrange	ment?	□Yes	□No
2. Is this a temporary living arrangement due t	o loss of hous	ing or economic hardship?	□Yes	□No
3. Is this student in temporary or emergency for	oster care plac	cement?	□Yes	□No
4. As a student, are you living with someone of	ther than you	r parent or legal guardian?	□Yes	□No
If you answered YES to <u>any</u> of the above quest If you answered NO to all of the above question	•	•	s form.	
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1. Where is this student currently living? (chec.	•			
□ In a motel/hotel- Name of motel/hotel:				
□In a shelter- Name of shelter:				
☐ Transitional Housing- Name of transitional ho				
Group Home- Name of group home:				
□Temporary/emergency foster home				
□With more than one family in a house or apa	irtment			
☐ Moving from place to place				
□In a location not designed for sleeping accom	nmodations si	uch as a car, park, or campsite	ž	
2. How long have you lived at this residence? _				
3. How long do you plan to live at this residence	ce?			
4. With whom does the student currently live:	(check box)			
☐Both parents				
□One parent- Which parent?				
☐One parent and another adult- Which parent				
. □A relative- Specify which (e.g. grandmother)				
□Friends or other adults- please identify				
☐An adult who is not a parent or legal guardia				

5. Describe the current living situation in detail:		
6. Any possibility of violence or abuse in home? If so, describe.	What were the school's actions?	
7. In your child's previous school, did he/she receive any of the f	following? (check all that apply)	
$\square$ Special Education/Exceptional Children's Services- Describe: $\_$		
□504 Accommodation Plan- Describe:		
□English As a Second Language (ESL) services		
☐Help for Behavior Improvement		
□Tutoring Services		
□Academically or Intellectually Gifted services		
□Counseling services		
8. At this time, what is the greatest need for your child? (check of	all that apply)	
□School supplies		
□School uniform or clothing		
□Help for academic improvement		
☐Help for behavior improvement		
□Referral for food assistance		
□Medical referral/immunizations		
☐Mental health/counseling referral		
□Other- Please describe:		
My signature below affirms the following: (1) the information I have promy knowledge or belief; (2) the same information, as well as other information without my consent with community and governmental agencies pursochool district, and, (3) the same information, as well as other information without my consent with other KGBSD staff members for a legitimate exthat I have received a copy of my rights under the McKinney-Vento law as a part of the district's McKinney-Vento program.	nation that may identify my child(ren), may be shared suant to an interagency collaboration between this ition that may identify my child(ren), may be shared ducational purpose. In addition, my signature affirms	
Parent/Guardian Signature:	Date:	
(Or Unaccompanied Youth)		
Intake Liaison Signature:	Date:	
KGBSD School Liaison Signature:	Date:	
McKinney-Vento Intake Affidavit  Checklist for School Use Only		
Informed parent/guardian/unaccompanied youth of the and gave them a copy of their rights.	eir rights Date:	

Entered data into KGBSD Powerschool regarding program assignment, services, and dwelling type.	Date:
assignment, services, and awening type.	Dutc
Established transportation to and from school.	Date:
Gave Verification for Nutrition Services to cafeteria manager.	Date:
Completed Academic Review.	Date:
Provided school supplies for student.	Date:
Reviewed temporary housing options with parent/guardian/Date: unaccompanied youth.	
Connected parent/guardian/unaccompanied youth with food assistance.	Date:
Connected parent/guardian/unaccompanied youth with clothing assistance.	Date:
Connected parent/guardian/unaccompanied youth with health services assistance.	Date:
Sent Title I Tutoring Request to principal and KGBSD Liaison.	Date:
Sent Request for Funding for After School Programs to KGBSD Liaison	Date:
Student referred to Intervention Team.	Date:
Student referred to IEP Team.	Date:
Other:	Date:
Other:	Date:

## Homeless students' rights include:

• To remain enrolled in, and be transported to a student's School of Origin when feasible, even if a student moves across or outside the district. ('School of Origin' means the school last

attended when permanently housed, or the school in which the child or youth was last enrolled.)

- To be enrolled immediately (even without medical or school records) in the neighborhood school.
- To receive FREE breakfast and lunch in schools that serve both.
- To have barriers addressed so that they can participate in athletics, field trips, and afterschool activities (this could include having certain school fees waived). Parents or guardians should contact school staff for help.
- To get help with basic school supplies, including uniforms, shoes, textbooks, and notebooks. If a student's family cannot afford required supplies, parents or guardians should contact school staff for help.
- To ask for more academic support if a student is struggling with classwork. Parents or guardians should contact school staff for assistance.
- To use the school district's Dispute Resolution Process to appeal a school's decision when there is a disagreement about school selection or enrollment (attending class and participating fully in school activities).