



Department of Special Education and Student Services
(845) 298-5000 ext. 40135 Fax (845) 897-2482

Temporary Residence REFERRAL (McKinney-Vento Program)

All parents/guardians must sign the form to indicate they have read the form. Students in temporary housing conditions may be eligible for additional school supports. Eligibility can be determined by completing the information below. Additional information may be needed.

Parent Name: _____ Signature: _____

Currently are you and/or your children in any of the following housing situations? Yes No

If you checked Yes above, please indicate your housing situation below.

- Shelter Hotel/Motel Unsheltered, in a car or campsite Awaiting foster care
 Child NOT living with parent or guardian Temporarily living with another family or others

Current Address: _____

Address prior to temporary housing. _____

Transportation required? Yes No Date of housing change. _____

Reason for current living situation: _____

Previous School and District: _____

Name of Child and School ID	Date of Birth	M/F	Grade	School Attending in WCSD

Parent/Guardian Name _____ Signature (if done in person) _____ Date _____

Address if different from above: _____

Name of person completing the form _____ Title: _____

Date Completed: _____

Office Use Only		
Please fax form to Richard Zipp at: 897-2482 for approval.	Contact Laura Brundage: 298-5240 x11020 with questions.	
APPROVED BY: _____	Informed Transportation: <input type="checkbox"/> Yes	Sent to schools above: <input type="checkbox"/> Yes