



Alliance for Progress Charter School

1821-39 N. Cecil B. Moore Ave. Philadelphia, PA, 19121 Tel: 215-232-4892 Fax: 215-232-4893

McKinney-Vento Assistance Act

Student Name _____ **D.O.B.** _____
(Last Name) (First Name) (Middle Initial)

Student Address _____

CONFIDENTIAL INFORMATION

COMPLETE THIS BOX ONLY IF (1) IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION; OR (2) YOUR LIVING SITUATION IF YOU ARE A YOUTH NOT LIVING WITH A PARENT OR GUARDIAN. (Your answer will help school staff with school enrollment and may enable the student to receive additional services.)

CHECK ONE BOX IF YOU ARE LIVING:

- with relatives or others **due to lack of housing**
- in a motel/hotel, camping ground, or other similar situation **due to the lack of alternative, adequate housing**
- in a shelter
- at a train or bus station, park, or in a car
- in an abandoned apartment/building
- temporarily housed in a shelter awaiting Department of Social Services permanent foster care placement
- youth not living with a parent or guardian

NONE OF THE ABOVE LIVING SITUATIONS APPLIES TO MY CHILD
(If this box is checked, you do not need to complete the remainder this form)

Student SCHOOL ID Number

Student Social Security Number

Date

Does this student receive special education services? Yes ____ No ____ Current Grade _____ Gender _____

Is this student residing in this school zone? Yes ____ No ____ What is the student's school of origin? _____

Are alternative transportation services needed? Yes ____ No ____ Student Ethnicity _____

PARENT/GUARDIAN INFORMATION:

Name _____ Phone Number (____) _____ Address _____

EMERGENCY CONTACT:

Name _____ Phone Number(____) _____ Relationship _____

Address _____

REFERRING SOURCE:

Name _____ Relationship to Student _____ Telephone Number _____

SCHOOL CONTACT: _____

- Please list any siblings, their dates of birth, and current schools on the back of this form.
- Please contact the school counselor if your housing situation changes at any point in the year.