



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's 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: _____

SECTION FOR SIBLINGS:

Does this student have siblings? Yes _____ No _____ If Yes, Please Fill In "ALL" Required Information Below For Each Sibling:

NAME:

(1) First Name: _____ Last Name: _____

(2) First Name: _____ Last Name: _____

(3) First Name: _____ Last Name: _____

(4) First Name: _____ Last Name: _____

(5) First Name: _____ Last Name: _____

(6) First Name: _____ Last Name: _____

SIBLINGS DATE OF BIRTH: (1) _____ (2) _____ (3) _____ (4) _____
Mo/Day/Yr Mo/Day/Yr Mo/Day/Yr Mo/Day/Yr
(5) _____ (6) _____
Mo/Day/Yr Mo/Day/Yr

CURRENT GRADE: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____

GENDER : (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____

SIBLING'S CURRENT SCHOOL: (1) _____ (2) _____
(3) _____ (4) _____
(5) _____ (6) _____

Please contact the School Social Worker, Sherry Tanksley at 215- 232-4392, Extension 2219 if your housing situation changes at any point during the year.