**MCKINNEY-VENTO APPROVAL**

This document is intended to address requirements of the McKinney- Vento A ct, Title IV, Part A of ESSA. The question

below is to assist in determining if the student meets the definition of homelessness. In the event the child is not staying

 with his/her parent(s) or guardian(s), use the caregiver authorization affidavit to address guardianship issues.

Where does the student stay at night?

In a shelter Transitional housing

\_\_

In a motel/hotel Temporarily with more than one family in a house, mobile

In a car

\_\_ At a campsite

home, or apartment (because the family doesn't have a place of its own)

 Unaccompanied Youth Other location not appropriate for people (e.g., abandoned

building, house without heat, lights or water)

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's grade:\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_

Did you participate in sports at your last school of attendance? Yes\_\_ No \_\_

Do you plan to participate in varsity-level sports at the new school of enrollment? Yes\_\_ No \_\_

**I,** (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare as follows:

1. I am the parent/legal guardian of \_, who is of school age and is seeking admission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School District.
2. Since\_\_\_\_\_\_\_(date) our family has not had a permanent home; however, we have been residing within the school district boundaries and intend to stay here.

*I declare under penalty of perjury under the laws of this state the information provided here is true and correct and of my personal knowledge and that if called upon to testify, I would be competent to testify.*

Signature: \_Date:

Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I can be reached for emergencies at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

McKinney-Vento Liaison Signature: Date:\_\_\_\_\_\_\_\_\_

*I certify the above- named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.*

Date

Determining Official Signature