

Students in Transition Verification Form Homeless Free Lunch Form

Name of Parent/Legal Guardian: _____

| Relationship | Contact Information | Where is your child/family currently living? |
|-----------------------------------|-------------------------|---|
| <input type="checkbox"/> Father | Home: () _____ - _____ | <input type="checkbox"/> Unsheltered (Car/Campsite) <input type="checkbox"/> Motel/Hotel: <input type="checkbox"/> Doubled Up (sharing housing with another family and or individual due to economic hardship) <input type="checkbox"/> In a shelter or transitional housing program Please check the box below if applicable as well: <input type="checkbox"/> Unaccompanied Youth |
| <input type="checkbox"/> Mother | Cell: () _____ - _____ | |
| <input type="checkbox"/> Guardian | Work: () _____ - _____ | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Self | | |

Bismarck Public Schools reserves the right to verify any and all information contained on this form.

I am the Parent/Legal Guardian of the below listed students:

| Student/Child | Date of Birth | School | Grade | Start Date |
|---------------|---------------|--------|-------|------------|
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Signature: _____ Date: _____
Parent/Legal Guardian

Comments _____

FOR OFFICE USE ONLY: Verification by Homeless Liaison

I certify that the above-named student(s) does does not qualify as a student in transition under the provisions of the McKinney-Vento Act.

District McKinney-Vento Liaison

Date

In accordance with the McKinney-Vento Act Amended January 2002 (42 U.S.C. 11431 et seq.) this form is used in lieu of the free and reduced-price meal application.

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| Tutoring or other instructional support | Coordination between schools & agencies | Staff professional development & awareness |
| Referrals for medical, dental & other health services | Transportation: Y or N Van: Taxi: Bus: N/A: | Assistance with participation in school programs |
| Early Childhood Programs | Expedited Evaluations | Counseling |
| Parent Education related to rights & resources for children | Before-school, After-school, mentoring, summer programs | Obtaining or transferring records necessary for enrollment |
| Clothing | School Supplies | Other Services or Activities |
| Addressing needs related to domestic violence | Referral to other programs & services | Emergency assistance related to school attendance |

Sent to Nutrition Date _____ Sent to Specialist Date _____ Entered in PS Entered in STARS