Please fill out this form and return to the registrar today prior to leaving the school. The school’s social worker will contact you to share referrals requested below. Please also review the Family Resource Guide in your parent packet for referral resources.

Student Name ____________________________________________ Age _____________

School _____________________________________________ Grade ___________

Parent/Guardian Name ___________________________ Phone # ______________

Email Address ____________________________________________

Student/Parent/Caregiver needs information about and/or referral to:

☐ School supplies  ☐ Mental health support
☐ Medical/Dental  ☐ School attendance
☐ Payment of school fees  ☐ Food bank/Food stamps
☐ Academic support  ☐ Assistance with graduation
☐ Holiday assistance  ☐ Housing/Shelter
☐ Substance abuse  ☐ Domestic violence support
☐ Vision/Hearing  ☐ Parenting support
☐ Post-graduation opportunities  ☐ Student over-age for grade

Other, please specify:
__________________________________________________________________________
__________________________________________________________________________

Staff Registering Student____________________________________________________

*Send completed form to McKinney-Vento Support Specialist (lisa_simes@ccpsnet.net or fax 804-739-6237). Place a copy in school social worker’s box.