



Chesterfield County Public Schools

Student Support Services

13900 Hull Street Road
Midlothian VA 23112

Phone: 804-639-8713
Fax: 804-739-6237

McKinney-Vento Affidavit

The information on this form is used to help determine eligibility for services under the McKinney-Vento Homeless Assistance Act. The answers you give will help the school determine the services the student may be eligible to receive. ***The student will not be discriminated against based upon the information provided and the information you provide is confidential.***

School _____ Date _____ Ethnicity: _____

Student Name _____ Age _____ Gender _____

(Last) (First) (Middle)

Date of Birth _____ Student ID Number _____ Grade _____

Student's Current Address _____

African American
 Asian
 Caucasian
 Hispanic
 Native American
 Other

Please identify the students' current living arrangements:

- Sharing the housing of other person's due to loss of housing, economic hardship or similar reason
- Living in a hotel/motel, trailer park or campground due to a lack of alternative accommodations
- Living in emergency or transitional shelter
- Living in a car, park, public space, abandoned building, bus or train station, substandard housing or other structure not meant for housing
- Student not living with a parent or court appointed legal guardian

Name and Phone Number of Person Living With _____

Please list all pre-school and school age siblings:

Name	Age	DOB	School	Student ID #	Grade

Parent/Guardian Name _____ Phone Number _____

Email Address _____ Alternate Phone Number _____

My signature below affirms that the information provided on this form is true and accurate to the best of my knowledge or belief. I understand that enrolling a child in a Virginia public school under false pretense is punishable under the law.

 Signature of Parent/Guardian/Unaccompanied Youth Relationship to Student Date

Please review and check the following:

Student is residing outside of current attendance zone and would like to remain at school of origin	Yes ____	No ____
Are alternate transportation services needed?	Yes ____	No ____
Does the student receive transportation services as part of an IEP or ESOL services?	Yes ____	No ____

NOTE TO STUDENTS AND FAMILIES WHO DO QUALIFY FOR MCKINNEY-VENTO SERVICES:

- You will receive a PARENT PACKET that explains your rights under the McKinney-Vento Homeless Assistance Act and contains information to assist families. A confidential service referral form is included. Please keep this packet for future reference.
- Students and families **must complete a new McKinney-Vento Affidavit every year** in order for the school district to make an eligibility decision. Eligibility does not carry over from one year to the next.
- Students can remain at their school of origin for this school year as long as that continues to be in their best interest. Regular school attendance is a key to academic success and one of the primary factors used in reviewing best interest. Please contact Lisa Simes, McKinney-Vento Support Specialist at 804-639-8713 if your transportation needs change at any time during the school year. Please notify the school if you move.
- Attendance will be reviewed regularly. **If attendance is not satisfactory or there are excessive tardies or early dismissals then the student may have to transfer to his/her zoned school following consultation between the parent and school division.**

My signature below indicates that I have received a copy of my rights under the McKinney-Vento Law.

Signature of Parent/Guardian/Unaccompanied Youth Phone Number Date

To Be Completed By School Personnel:

School Name _____

Staff Registering Student _____ Phone/Email _____

My signature below indicates that I have provided this family/student with a PARENT PACKET detailing the rights of students under the McKinney-Vento Homeless Assistance Act.

Signature of School District Employee Date

****Send completed forms to McKinney-Vento Support Specialist (lisa_simes@ccpsnet.net or fax 804-739-6237) and forward a copy to sibling(s) school(s). Please provide a copy to parent/guardian/unaccompanied youth at enrollment.***

NOTES:

MV Support Specialist Use Only

- Entered in Synergy
- Entered on Spreadsheet
- Social Worker Notified
- Transportation Requested
- Date Requested _____