

West Chester Area School District Student Intake Form

Pennsylvania's Education for Children and Youth Experiencing Homelessness Program



782 Springdale Drive Exton, PA 19341
(484) 266-1226



Name of Individual Completing Form: _____ Date: _____

Parent/Guardian responsible for enrolling student: _____ Relationship to student: _____

Address: _____ Contact Number: _____

Email: _____ District/School of Origin: _____ District/School Residing: _____

District/School Attending: _____ Transportation Outside Attendance Boundaries: Yes No

<u>All Children in Household</u>	<u>DOB</u>	<u>Gender</u>	<u>Grade</u>	<u>School Building</u>	<u>**PA Student ID#</u>

IF 12th GRADE, POST SECONDARY PLANS (select one): 2-yr college/university 4-yr college/university Armed forces Business/Trade school Employment Obtain GED (drop-out only) Other Unknown

Method of Identification (select one): Self/Parent Shelter/Transitional Housing Staff School Staff ECYEH staff Other Homeless organization

Precipitating Event (select one): Abandonment Act of Nature/Natural Disaster Death of Parent/Guardian Domestic Violence Eviction Fire Hospitalization of Parent/Guardian Incarceration of Parent/Guardian Left Home Military Parental Job loss/ Loss of Income Parent Divorce/Separation Separated from Family Other Poverty-related Situation Other _____ Unknown

Student Status (select one): Awaiting School Enrollment Currently Enrolled in School Withdrew from School and moved to another PA school Withdrew from School-Status unknown No Longer Homeless Younger sibling of enrolled student

Unaccompanied Youth: Yes No **Date of School Attendance:** _____ **OR** Already attending

Current Nighttime Residence Status (select one): Doubled-up Hotels/Motels Shelters, Transitional Housing, Unsheltered (e.g., cars, parks, campgrounds, temporary trailer, or abandoned buildings)

SHELTER/PROGRAM/HOTEL/MOTEL NAME: _____ DATE OF ENTRY: _____

Were there barriers to enrollment: None Eligibility for Homeless Services School Selection Transportation School Records Immunizations Other Medical Records Other Barriers _____

I, _____ affirm that the residency information provided herein is true and accurate. Also, that I have been advised of my rights and my child's rights under the McKinney-Vento Federal Homeless Assistance Act.

(Parent's/Guardian Name)

(Signature of Parent/Guardian)

(Students Name)

(Date)

Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.

School Services are on reverse side.

Book Bag with school supplies needed

SCHOOL SERVICES

Title 1	Funding used			Type of Service provided
	MV	ARP	Other	
				Tutoring or other instructional support (includes Title 1, ESL, Migrant, Spec Ed)
				Expedited evaluations (includes Spec Ed, Gifted, NSLP, ESL, Title 1, Migrant)
				Referrals for medical, dental, and other health services
				Transportation
				Early childhood programs
				Assistance with participation in school programs
				Before, after-school, summer, mentoring programs
				Obtaining or transferring records necessary for enrollment
				Coordination between schools and agencies
				Counseling (includes violence prevention, SAP)
				Addressing needs related to domestic violence
				Clothing to meet a school requirement
				School supplies
				Referral to other programs and services
				Emergency assistance related to school attendance
				Other Services (please describe)
				Specify your own value:

UNACCOMPANIED YOUTH:

1) Does the parent still want school information and are they in PowerSchool as contact 1? Yes No

Name:

Address:

Phone number:

2) What is/are the names of individuals student is staying with if not listed above:

Name:

Phone Number:

3) Is the adult the student is staying with listed in PowerSchool and do we have a release? Yes No