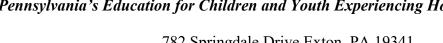
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III NSLF- ACT I	r 5-	Dusing-

## West Chester Area School District Student Intake Form Pennsylvania's Education for Children and Youth Experiencing Homelessness Program





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

Name of Individual Completin			Date:			
Parent/Guardian responsible for enrolling student:				Relationship to student:		
Address:			Contact Number:			
Email:	Dist	rict/School of O	rigin:	District/School R	esiding:	
District/School Attending:		Transportation Outside Attendance Boundaries: □Yes □No				
All Children in Household	DOB	Gender Grade	School Building	** <u>PA \$</u>	Student ID#	
IF 12th GRADE, POST SECONDA	<u>ARY PLANS</u> (sele		ge/university □4-yr college/univ tain GED (drop-out only) □Othe		usiness/Trade school	
Method of Identification (se	lect one): □Self/I	Parent □Shelter/Tr	ansitional Housing Staff S	chool Staff □ECYEH staf	ff □Other Homeless organization	
Precipitating Event (select on □Fire □Hospitalization of Parent □Parent Divorce/Separation □Se	/Guardian □Inca	arceration of Parent	/Guardian □Left Home □M	Iilitary □Parental Job loss	s/ Loss of Income	
Student Status (select one): □ □Withdrew from School-Status un					d moved to another PA school	
Unaccompanied Youth: □	Yes □No		Date of School A	ttendance:	OR   Already attending	
Current Nighttime Residen campgrounds, temporary trailer, or			d-up □Hotels/Motels □Shel	ters, Transitional Housing	, □Unsheltered (e.g., cars, parks,	
SHELTER/PROGRAM	M/HOTEL/MOT	EL NAME:		DATE OF EN	TRY:	
Were there barriers to enro			Iomeless Services □School tions □Other Medical Record			
I,(Parent's/Guardian Name)		•			Also, that I have been advised Il Homeless Assistance Act.	
(Signature of Parent/	Guardian)		(Students Name)		(Date)	
Any person making a false statem			violation of section 42 U.S.C. ciplinary action, including di		ania Basic Education (BEC).	
School Services are or	n reverse si	ide.	☐ Book	Bag with school	supplies needed	

## **SCHOOL SERVICES**

	Funding used			
Title 1	MV	ARP	Other	Type of Service provided
				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:

## U

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