

**BLADEN COUNTY SCHOOLS**  
**McKinney-Vento/Families in Transition Referral Form**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Male / Female: \_\_\_\_\_ Race: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current School: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
 \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**Check the boxes that best describes with whom the student resides:** *(Please note: legal guardianship may be granted only by a court)*

- |   |   |
|---|---|
| <input type="checkbox"/> Parent (s)         | <input type="checkbox"/> Caregivers who are not legal guardians |
| <input type="checkbox"/> Legal Guardian (s) | <input type="checkbox"/> Unaccompanied                          |

Name of person with whom student resides: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Length of Time at Present Address: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Referred By: \_\_\_\_\_ Date Referred: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide the following information for any other children in the home (Birth – 21 years old):**

Student Name (as on Social Security card)	Age	Birthdate	Gender	Race	School Name	Grade

**ASSESSMENT**

**Please Check One:**

- I wish to have my child continue in his/her current school for the remainder of the school year

School of Origin: \_\_\_\_\_

- I wish to enroll my child at the new school for the address at which I am currently staying.

School of Residence: \_\_\_\_\_

**Student falls under Families in Transition due to: (Check all that apply)**

- Sharing housing with others as a result of loss of housing due to economic hardship, fire, etc.
- Living in a car, park, abandoned building, substandard housing, bus or train station, etc.
- Living in an emergency shelter, transitional housing, or abandoned in a hospital
- Unaccompanied youth or runaway
- Living in a motel, hotel, trailer park or camping ground due to lack of alternative accommodations
- Home has no electricity and/or water
- Lack of secure nighttime residence
- Home does not safely accommodate disability
- Home does not have a working kitchen
- Home is not suitable for other reasons. Explain below.

**Comments:** \_\_\_\_\_

**Need of the student: (Check all that apply)**

- Title I
- Attendance
- Programs for students with disabilities
- Transportation
- Before/After school care (if eligible)
- Counseling/Mental health
- Head Start / Preschool program
- Address needs for domestic violence
- Tutoring
- Referral for medical, dental, or other health need
- Vocational or Technical program
- Food Bank
- Gifted and Talented program
- Holiday Assistance
- School nutrition
- Clothing (indicate sizes below)
- Migrant program
- School Supplies (indicate needs below)

**Comments:** \_\_\_\_\_

**Signature of Parent/Legal Guardian/Unaccompanied Youth**

**Date**

*\*\* Please send this form to Dr. Dia Collins Thomas, BCS McKinney-Vento Liaison \*\**

*Email: dmcollins@bladen.k12.nc.us*