

ILLINOIS STATE BOARD OF EDUCATION
 Curriculum and Instruction Division
 100 North First Street, C-215
 Springfield, Illinois 62777-0001

**MCKINNEY-VENTO HOMELESS EDUCATION
 SHELTERED HOMELESS/HOMELESS DOUBLED-UP STUDENT ENROLLMENT/
 WITHDRAWAL**

DISTRICT NAME AND NUMBER

PART I

Directions: Please complete Part I when initiating a request for service and fax to the school district.

DATE	PERSON REQUESTING ASSISTANCE	STUDENT NAME	DATE OF BIRTH	GRADE
TELEPHONE (Include Area Code)	FAX (Include Area Code)	PARENT/GUARDIAN NAME		
SCHOOL/SHELTER/AGENCY		SCHOOL/SHELTER/AGENCY ADDRESS (Street, City, State, Zip)		
TELEPHONE (Include Area Code)	FAX (Include Area Code)			
CHECK ONE <input type="checkbox"/> RESIDENT <input type="checkbox"/> OTHER _____	NATURE OF REQUEST <input type="checkbox"/> ENROLLMENT <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> OTHER _____			
IS STUDENT RECEIVING SPECIAL EDUCATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF SCHOOL WHERE STUDENT LAST ATTENDED			
SCHOOL OF ORIGIN	ADDITIONAL INFORMATION REGARDING STUDENT/FAMILY			
DISTRICT NAME AND NUMBER				

PART II

Directions: Part II is to be completed by the school staff liaison upon student's withdrawal.

DATE OF WITHDRAWAL

 Name of Individual completing form (please print)

 Signature

 Date

Central Office Comments/Outcomes:

Please submit this form to your Area Homeless Liaison.
 If you are not sure who your Area Homeless Liaison is please refer to the Area Homeless Liaison Breakdown Map.
http://www.isbe.net/homeless/pdf/mkv_liaison_map.pdf