

**McKinney-Vento Student Needs Assessment
Sumner County Schools**

Student Name _____ School _____

STUDENTS RIGHT TO REMAIN IN SCHOOL OF ORIGIN

Students qualified for The McKinney-Vento Program do not have to change schools every time they move and transportation assistance may be available.

Was the student attending another school when he/she lost housing or when you last moved? ____ No ____ Yes

If yes, please indicate which school and the date he/she withdrew? _____
School Name Withdrawal Date

Would you like for the student to return to the school listed above if that is possible? ____ No ____ Yes

Only fill in the following areas where there is a need for this student.

Please use chart below to determine size.

Shirt size
(type in)

Check one:

- Boys
- Girls
- Junior
- Men's
- Women's

Pant size
(type in)

Check one:

- Boys
- Girls
- Junior
- Men's
- Women's

Shoe size
(type in)

Check one:

- Toddler
- Child
- Adult

Coat size
(type in)

Check one:

- Boys
- Girls
- Junior
- Men's
- Women's

Does student need:	Food packs	School Supplies	Hygiene Supplies	Family Services
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

SIBLING INFORMATION

If the student has siblings who live in the same situation and you have not completed a form for them, please list their information below. Please include school-age children as well as infants, toddlers and preschool age children.

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

 Signature of Parent/Guardian or Person Enrolling the Student Contact Number Date

SCHOOL STAFF—Please fax this form to 451-5437 and file the original in the student's school record.