



McKinney-Vento Assistance Act Confidential Enrollment Form

I declare that my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act: (Please check all that apply)

- Lack of a fixed, regular nighttime residence
- Live with a friend or relative because I cannot afford housing (Doubled-up)
- Live in a motel/hotel
- Live in an emergency shelter, transitional shelter, or domestic violence shelter
- Live in a car, trailer, park, or campground
- Other _____

Name of Parent/Guardian _____

Phone Number: _____

Current Address/Location) _____

Please list the full name of each child below and the corresponding school site:

Student Name	Birthdate	School Site	Grade	Program

I declare under penalty of perjury under the laws of the State of California that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to testify.

Signature of Parent/ Guardian/Unaccompanied Youth _____

Date _____

I have received a copy of the McKinney-Vento **Information for Parents**

The Following District Office Use Only

- Transportation / Bus Pass
- Backpack/School Supplies
- Christmas Gift Program
- Tutoring Program Enrolled