

Student Services Questionnaire

This document is intended to address the McKinney-Vento Assistance Act. Your answers will assist us to enroll your child quickly.

Student Name: _____

Birthdate: _____ Grade: _____ Last School Attended: _____

1. Did your child receive any special services at his/her last school?

- Special Education (RSP, Speech, Special Day Class placement)
- 504 Accommodations
- Bilingual Services
- Counseling
- Student Success Team Meeting
- Help to improve attendance
- Help to improve behavior
- Homeless Services
- Tutoring

2. Has your child ever been retained (held back)?

- Yes **If yes, what grade?** _____
- No

3. Has your child ever been expelled?

- Yes **If yes, from which school?** _____
- No

4. Where is your child/family currently living? (Check one box only.)

This information will be used to determine if your child qualifies for any additional assistance under the No Child Left Behind Act of 2001.

- In a single family residence
- With more than one family in a house, mobile home, or apartment due to economic hardship
- In a shelter or transitional housing program
- In a motel, car, or campsite
- In a foster care placement
- Other: _____

Parent/Guardian Signature

Date

Thank you for taking the time to fill out this form.
We look forward to working with you to help your child be successful in school.