

LEE'S SUMMIT R-7 SCHOOL DISTRICT -



LEE'S SUMMIT
R-7 SCHOOLS
Learning for Life

McKinney-Vento Federal Assistance Act -
Referral Information Packet -

Student Services Department -

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McKinney – Vento Homeless Assistance Act -

McKinney-Vento is the primary piece of federal legislation dealing with the education of children and youth experiencing homelessness in U.S. public schools. It was reauthorized as Title X, Part C, of the No Child Left Behind Act in January 2002.

Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as follows:

The term "homeless children and youths"--

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes—

- (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings

McKinney-Vento requires school to immediately enroll students experiencing homelessness even when they lack:

- Proof of residency
- Guardianship
- Birth certificates, school records, or other documents
- Medical records, including immunization records
- Required dress code items, including uniforms

Directions for Lee's Summit R7 Staff Assisting with Enrollment

1. If a family indicates they are experiencing homelessness on the R6, continue the enrollment process even if they are missing documentation typically required.
2. An administrator or school counselor should arrange for a private space to sit and assist the family in completing the information in this packet.
3. Use only the documents (p. 1 -11) in the packet that apply to the family's situation.
4. The student may begin attending school consistent with the timeline for other students not experiencing homelessness.
5. Copy the packet and send the original to the Department of Student Services.
6. Student Services will review the packet and work with the Homeless Status Committee to determine if the family is eligible for homeless status.

McKinney-Vento Federal Assistance Act Referral Information -

Student Name _____ DOB _____

Male _____ Female _____

Name of Parent/Guardian _____

Previous Address _____ City _____

State/Zip _____

Name and Address of Current School _____

_____ Grade _____

Other siblings residing at same location (names and ages)

Student Residency

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below are to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student stay at night?

- In a house or apartment with more than one family, due to lack of housing, financial hardship, etc.

Address _____ City _____

State/Zip _____

Name of Resident / relationship to Student

- With a friend or family member, the parent/legal guardian not residing with student

Address _____ City _____

State/Zip _____

Name of Resident/relationship to Student _____

- Shelter with parents alone with no adult letter from shelter attached

Shelter Name _____ Phone _____

Address _____ City _____

State/Zip _____

Where does the student stay at night? (continued) -

- Hotel/Motel with parents alone with no adult

Hotel Name _____ Phone _____ -

Address _____ City _____ -

State/Zip _____ -

- Unsheltered (living in car, campsite, abandoned building, other location not originally used as sleeping accommodations)

Is the present location out of the LS R-7 School District? _____

If yes – what is the name of the resident district? _____

I, (name) _____, declare as follows: I am the parent/legal guardian of (name of student(s)) _____, who is of school age and is seeking enrollment in Lee’s Summit R-7 School District. Since (date) _____, our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare 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 do so.

Signature: _____ Date: _____

Phone number: _____

Email address: _____

I can be reached for emergencies at: _____

I can be reached during the school day at: _____

Determining Feasibility of School Placement Form -

Name of Student: _____ Date: _____

According to the McKinney-Vento Homeless Assistance Act, a homeless child or youth has the right to attend the school of origin or the local attendance area school, according to the best interest of the child:

- ❖ The **school of origin** is defined as: -
 - ❖ The school that the child or youth attended when permanently housed; OR -
 - ❖ The school in which the child or youth was last enrolled -

- ❖ The **local attendance area school** (local school) is defined as:
 - ❖ Any public school that non-homeless students who live in the attendance area in which the child or youth is actually living are eligible to attend

This form will assist in determining which placement decision would be in the student’s best interest.

Please provide the following information for the attendance options for the student:

School that the child or youth attended when permanently housed:

Name of school and district: _____

Dates of attendance: _____

Living arrangement at the time: Own Rent Other (Specify Below)

School in which the child or youth was last enrolled:

Name of school and district: _____

Dates of attendance: _____

Living arrangement at the time: _____

Was this the only school they attended this year? _____

If no, please list schools: _____

When was your student’s last day of attendance? _____

Current Local Attendance Area School

Name of the school and district: _____ -

Current living arrangement: _____ -

Determining Feasibility of School Placement Form (cont) -

1. Are the school of origin and the local attendance area school in the same school district? -

2. Which school does the child/youth want to attend? Why? -

3. - Which school does the parent want the child/youth to attend? Why?

4. - What is the distance and time spent on travel from the current residence to the school of origin?

5. - If transportation is currently unavailable to the school of origin, how can it be arranged?

6. - How long did the child/youth attend the school of origin? Were meaningful social and educational relationships established?

7. - Are there specific people in the school of origin who have been providing support or assistance to the family or child/youth experiencing homelessness?

Determining Feasibility of School Placement Form (cont) -

8. Please check mark any of the following special programs in which the child/youth has been - participating in at the school of origin.

- | | |
|--|--|
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Special Services and/or IEP (specify) |
| <input type="checkbox"/> English Language Learners | <input type="checkbox"/> Speech/Language <input type="checkbox"/> LD |
| <input type="checkbox"/> Title I Services | <input type="checkbox"/> Autism <input type="checkbox"/> OT/PT |
| <input type="checkbox"/> Reading <input type="checkbox"/> Math | <input type="checkbox"/> ED <input type="checkbox"/> EMH |
| | <input type="checkbox"/> Life Skills <input type="checkbox"/> HI |
| <input type="checkbox"/> 504 Plan | |

Are these special programs also available at the local attendance area school?

9. - Has your child ever been retained?

Yes No If Yes, grade level _____ Date _____

10. Based on knowledge of the family's situation, how long is the family likely to remain in the current situation?

11. What is the likelihood that the family experiencing homelessness will reestablish residency in the attendance area of the school of origin?

----- **For School Use Only** -----

Based on answers to the previous questions, the school district recommends the following school:

Individuals consulted to determine that this placement is in the student's best interest were:

Signatures(s) of the individual(s) making the recommendation:

Signature: _____ Date: _____

Affidavit for Missing Enrollment Documentation -

STATE OF MISSOURI)
) ss.
COUNTY OF JACKSON)

_____ (name), based upon his/her personal knowledge, -
answers the following questions as noted in his/her handwriting on this and the attached page, which are -
put forth by duly authorized officials of the Lee's Summit R-7 School District concerning a student's missing -
enrollment documentation for the following: -

- | | |
|-------------------------------------|--------------------------------|
| _____ Proof of residency | _____ Immunization record(s) - |
| _____ Proof of guardianship | _____ Birth certificate - |
| _____ School record(s) - | |
| _____ Other (please describe) _____ | - |

You are being asked to answer these questions because you are unable to provide the enrollment -
documents checked above that are required for enrollment. In accordance with the McKinney-Vento -
Homeless Assistance Act (P.L. 107-110), states and localities are required to address barriers to the -
enrollment of students meeting the definition of "homeless." Your completion of this affidavit will -
facilitate the enrollment of your child(ren) (or of your own enrollment if you are an unaccompanied youth). -

1. - What is your full name? (name of person completing form)

2. - Do you understand that giving false or otherwise untrue answer to any of the questions in this affidavit could result in a criminal charge of perjury being brought against you? Please circle "yes" or "no."

Yes / No

3. - Why are you unable to present a copy of documentation for the items checked above for the student(s) that are enrolling?

4. - What is (are) the full name(s) of the student(s) you wish to enroll in this district?

5. - What are the age(s), date(s) of birth, and birthplace(s) of the student(s) being enrolled in this district?

Affidavit for Missing Enrollment Documentation (cont) -

6. - Who are the parents, parents by legal adoption, legal guardians, or persons having legal custody of the student(s) being enrolled? (If you are an unaccompanied youth, please list your parent(s), legal guardian(s), or other adults who help take care of you, such as relatives, caregivers, social workers, etc.)

7. - Where is (are) the student(s) currently living? Include the address and type of housing.

8. - Do you have legal custody imposed by a court order or have you been designated as a court-appointed guardian for the student(s) being enrolled?

What court entered such order and what type of case was it (e.g., custody hearing, etc.)?

9. - To the best of your knowledge, has this student (have these students) ever been reported to any law enforcement agency as a missing child (as missing children)?

If the response to question #9 is yes, identify by name and address the law enforcement agency to which the child was reported missing and the date of the report.

10. In order to help the school district locate missing information, please give the following information:

Last school(s) attended (name of school, city or county, and state):

Clinic or medical facility where the student(s) was (were) immunized or received medical - treatment (name of facility, city or county, and state): -

Signature: _____ Date: _____

Caregiver Authorization Form -

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-110) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Homeless Assistance Act states specifically that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education.

Instructions:

Complete this form for a child/youth presenting himself/herself for enrollment while not in the physical custody of a parent or guardian.

- ❖ To authorize the enrollment in school of a minor, complete items 1 through 4 and sign the form.
- ❖ To authorize the enrollment and school-related medical care of a minor, complete all items and sign the form.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named below.

1. Name of minor: _____

2. Minor's date of birth: _____

3. My name (adult giving authorization): _____

4. My home address: _____

5. Check one or both (for example, if one parent was advised and the other could not be located):

_____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

6. My date of birth: _____

7. My state driver's license or identification card number: _____

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature: _____ Date: _____

Written Notification of Enrollment Decision -

(To be completed by Student Services when an enrollment request is denied.) -

Date: _____

Name of person completing form: _____

Title of person completing form _____

Name of school: _____

In compliance with section 722(g) (3) (E) of the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Name of Parent(s)/Guardian(s): _____

Name of Student(s): _____

After reviewing your request to enroll the student(s) listed above, the enrollment request is denied. This determination was based upon:

You have the right to appeal this decision by completing the second page of this notice or by contacting the school district's homeless education liaison.

Name of local liaison: _____

Title: _____

Phone number: _____

In addition:

- ❖ The student(s) listed above has the right to enroll immediately in the requested school pending the resolution of the dispute.
- ❖ You may provide written or verbal communication(s) to support your position regarding the student's enrollment in the requested school. You may use the form attached to this notification.
- ❖ You may contact the State Coordinator for Homeless Education if further help is needed or desired. Contact information for the state Coordinator:

*You may seek the assistance of advocates or an attorney.
A copy of our district's dispute resolution process for students
experiencing homelessness is attached.*

Written Notification of Enrollment Decision -

To be completed by the parent, guardian, caretaker or unaccompanied youth when a dispute arises. This information may be shared verbally with the local liaison as an alternative to completing this form.

Date: _____

Student(s): _____

Person completing form: _____

Relation to student(s): _____

I may be contacted at (phone or email): _____

I wish to appeal the enrollment decision made by: _____

Name of school: _____

I have been provided with (please check all that apply):

- A written explanation of the school's decision
- The contact information of the school district's local homeless education liaison
- A copy of the state's dispute resolution process for the students experiencing homelessness

Optional: You may include a written explanation in the space below to support your appeal or you may provide your explanation verbally.

The school provided me with a copy of this form when I submitted it. _____ (initial) -