



LAGUNA BEACH

UNIFIED SCHOOL DISTRICT

McKinney-Vento Homeless Assistance Act Confidential Form

Name of Student: _____ DOB: _____

Grade: _____ School: _____

Name of Parent / Guardian: _____

Address / Current Location: _____

Phone: (____) _____ Cell: (____) _____

Emergency Contact: _____ Phone: (____) _____

Do you and your student live in a home, rented home, or apartment (one family) or live with friends or relatives (not due to economic hardship)?

Yes No

(If you selected "NO", please continue with this 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 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: _____

Parent/Guardian Signature: _____ Date: _____

Please print and sign – return to school office

For office use only:

Entered information in Aeries – information for student(s) at your site only.

_____ Date: ____/____/____

Signature of school staff entering information