

The information below is required under the McKinney-Vento Homeless Assistance Act, Subtitle VII-B Title IX, Part A of the Every Student Succeeds Act. Students will not be discriminated against based upon the information provided. **The information you provide is confidential.**

School _____ Date _____

Student Name _____ Date of Birth _____
(Last) (First) (Middle)

Parent/Guardian Name _____ Phone Number(s) _____

Student's current address: _____
Street number and name Zip code

- Where is the student currently living?
In a hotel/motel - name of hotel/motel: _____
In a shelter/transitional housing program – name of program: _____
With a relative or friend (family does not have housing of their own)
In a location not designed for sleeping such as a car, park or campsite
In housing that is inadequate (i.e. no electricity, running water, etc.)
Other situation – **please explain**: _____
- Why is the student living in the above situation?
Loss of housing due to eviction/foreclosure
Student was asked to leave by parent/guardian
Domestic violence
Natural disaster (fire, flood, tornado, etc.)
Financial hardship (lost job, rent too high, behind on bills, unable to pay deposits for own housing, etc.)
Other – **please explain**: _____
- With whom does the student currently live?
Parent(s) – Parent and child stay in the same place
A legal guardian who has legal documents from court or DCS - name and number _____
A person who is not a legal guardian, including those with a POA – name and number _____
- How long has the student lived at the current address? _____
- What is the last address where the student/family had housing of their own? _____
- What is the student's mailing address? _____

My signature below affirms that the information provided on this form is true and accurate to the best of my knowledge or belief. I understand that enrolling a child in a Tennessee public school under false pretense is punishable by law.

Signature of Parent/Guardian or Person Enrolling the Student

Relationship to student

Date

MNPS STAFF USE ONLY: MCKINNEY-VENTO ELIGIBILITY DETERMINATION

For eligible McKinney-Vento students, I have provided this family/student with a Parent Pack Folder or What You Need to Know to Help Your Child in School booklet detailing the rights of students under the McKinney-Vento law.

Student MEETS the McKinney-Vento requirements and QUALIFIES as a student in transition

Student DOES NOT MEET the McKinney-Vento requirements and DOES NOT QUALIFY as a student in transition

Signature of School District Employee

School/Enrollment Center

Date

Student Name: _____ School: _____

SCHOOL SELECTION

Students who qualify under the McKinney-Vento Act have two choices for school enrollment. Students can either enroll in the zoned school for their current address or remain in the school they were attending (school of origin).

Please mark one.

I am enrolling this student in the zoned school for our current address. **STOP HERE and go to Form C.**

I would like for this student to stay in his/her current school even though we have moved:

School name: _____ Last date attended: _____

FOR TRANSPORTATION TO CHARTER SCHOOLS PLEASE CONTACT THE SCHOOL TO DISCUSS OPTIONS.

SCHOOL OF ORIGIN TRANSPORTATION—Only available to HERO students requesting to stay at their school of origin.

Student's current address: _____
Street number and name Zip code

Parent/Guardian Name _____ Phone 1: _____ Phone 2: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Please select the transportation option you prefer:

OPTION 1: MNPS school bus

The student will be assigned to an MNPS school bus or to a contracted transportation service. Requests are submitted to the MNPS Transportation Department for routing. Drivers will contact the parent/guardian/student with times and location of the stops once the transportation has been set up. It may take up to ten days for transportation to start depending on the distance.

OPTION 2: Mileage reimbursement

The student or family will provide their own transportation. Reimbursement checks are issued the month after transportation is provided and are based on attendance records for the previous month and the distance traveled. Parents must confirm their living situation at the end of each month by phone with the HERO Program Office before a check can be issued.

OPTION 3: MTA/WeGo city bus passes

The student will ride the city bus. All high school students receive a student ID from their school that can be used to ride the bus. Parents of middle school students need to complete STRIDE paperwork at the students' school to receive a bus pass. Elementary students and their parents will receive passes from the HERO Office. Bus passes may be picked up at the Board of Education or can be mailed to schools. Requests typically take 1-3 days.

OPTION 4: No transportation is needed at this time.

Please mark the services you are requesting for your student.

By checking the box/boxes below, I consent to The HERO Program of Metropolitan Nashville Public Schools releasing my name and contact information to the agency listed so that I may be contacted directly by that agency for follow-up.

Student Name: _____ School: _____

Services Requested

Agency Receiving Referral

Health insurance information or help getting a medical appointment

National Health Care for the Homeless Council

Food assistance (weekend food packs to be sent home 1-2 times per month)

MNPS HERO Program

Backpack and school supplies

MNPS HERO Program

Standard school attire and shoes, **size information must be provided below**

MNPS HERO Program and Unicycle

CLOTHING—Check one: **Boys** **Mens** **Girls** **Juniors** **Womens**

Pants/shorts size:

Shirt size:

SHOES—Check one: **Youth** **Mens** **Womens**

Size:

SIBLING INFORMATION

If the student has siblings who live in the same situation, please list their information below. You will need to complete separate HERO Forms for all school-age children. Please include school-age children as well as preschool children who have not started school.

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

SIGNATURE

My signature below indicates that I have received a copy of my rights under the McKinney-Vento law and the information. By checking the box/boxes above, I consent to The HERO Program of Metropolitan Nashville Public Schools releasing my name and contact information to the agency listed so that I may be contacted directly by that agency for follow-up.

Signature of Parent/Guardian or Person Enrolling the Student

Phone Number

Date

SCHOOL DISTRICT STAFF—Email form to HeroProgramReferrals@mnps.org or fax to 615-259-8664. File the original in t h e student's school record.