

Grass Lake Community Schools

899 South Union St., Grass Lake 49240
Phone (517) 867-5540 · Fax (517) 522-8195

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help us determine the supplemental needs of your child. **(Complete one form per student.)**

Current School: _____ Grade: _____

Name of Student: _____ Male Female

Birth Date: _____ Age: _____ Ethnicity: _____
(Month/Day/Year)

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

Address: _____ Phone: (____) _____
House #/ Street City State Zip

Presently, where is the student living? Please complete form and check applicable boxes in either Sections A **OR** B

Section A

Choices in Section B do not apply

Section B (Other Living Arrangements) Check one box:

(Student's Supplemental Needs)

- In a shelter
- Transitional housing (temporary accommodations)
- Awaiting Foster Care Placement/Temporary Foster Care
- In a motel/hotel or campsite
- Doubled-Up (living with another family)
- Unsheltered (on the street, car, park or abandoned building)
- Other: _____

- Transportation to and from school
- Tutoring
- Personal hygiene items
- Clothing
- School supplies
- Counseling
- Other: _____

CONTINUE: If you checked a box in Section B, please also complete Student's Supplemental Needs Box.

The student lives with?

- Parent(s) or legal guardian(s)
- Relative, friend, or other adult
- Alone with no adults – unaccompanied youth
- Adult that is not the parent or legal guardian

Signature of Parent/Legal Guardian: _____ Date: _____

For any choices selected in **Section B**, this form must be completed and turned in with your registration paperwork or faxed to the **Grass Lake Community Schools' Superintendent's Office at (517) 522-8195** immediately upon receipt. Original forms are kept on file separate from the student's CA-60 for audit purposes during the school year. If you have any questions please contact the Homeless Liaison, Elizabeth Jenkins at (517) 867-5552.