

**McKinney -Vento Student Needs Assessment
Sumner County Schools**

Student Name _____ School _____

STUDENTS RIGHT TO REMAIN IN SCHOOL OF ORIGIN

Students qualified for The McKinney-Vento Program do not have to change schools every time they move and transportation assistance may be available.

Was the student attending another school when he/she lost housing when you last moved? _____ No _____ Yes

If yes, please indicate which school and the date he/she withdrew? _____

School Name Withdrawal Date

Would you like for the student to return to the school listed above if that is possible? _____ No _____ Yes

Only fill in the following areas where there is a need for this student.

Please use chart below to determine size.

Shirt size

(type in)

Check one:

- () Boys
- () Girls
- () Junior
- () Men's
- () Women's

Pant size

(type in)

Check one:

- () Boys
- () Girls
- () Junior
- () Men's
- () Women's

Shoe size

(type in)

Check one:

- () Toddler
- () Child
- () Adult

Coat size

(type in)

Check one:

- () Boys
- () Girls
- () Junior
- () Men's
- () Women's

Does student need	Food packs	School Supplies	Hygiene Supplies	Family Services
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

SIBLING INFORMATION

If the student has siblings who live in the same situation and you have not completed one for them, please list their information below. Please include school-age children as well as infants, toddlers and preschool age children.

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Signature of Parent/Guardian or Person Enrolling the Student _____ Contact Number _____ Date _____