



Parent Guardian Information: (The adult Male and/or Female with whom the student lives.)

\_\_\_\_\_  
 Last Name                      First Name                      Relationship                      Home Phone                      Work Phone                      Ext.                      Cell Phone

Legal Custody/Guardianship?  Yes  No/NA    Permission to Pick up?  Yes  No    Email Address: \_\_\_\_\_

\_\_\_\_\_  
 Last Name                      First Name                      Relationship                      Home Phone                      Work Phone                      Ext.                      Cell Phone

Is there a shared-custody or parenting plan in effect?                       Yes  No (If yes, plan must be on file with the school for enforcement.)

Is there a restraining order in effect?                       Yes  No (If yes, legal papers must be on file with the school for enforcement.)

Restraining Order Against:                       Mother  Father  Other \_\_\_\_\_

Is this student in a homeless situation (e.g., living in an emergency or transitional shelter, car, trailer park, outdoors, hotel/motel, or with other family *due to economic hardship*)?                       Yes  No (If yes, please complete Student Residency Form)

Is this student *awaiting* foster care placement?                       Yes  No (If yes, please complete Student Residency Form)

Is the Child under DCF (Department of Children and Families) Supervision?  Yes  No

Local persons or parent to call in an emergency other than contacts listed above:

\_\_\_\_\_  
 Last Name                      First Name                      Relationship                      Home Phone                      Work Phone                      Ext.                      Cell Phone

Legal Custody/Guardianship?  Yes  No/NA    Permission to Pick up?  Yes  No    Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ (optional)

\_\_\_\_\_  
 Last Name                      First Name                      Relationship                      Home Phone                      Work Phone                      Ext.                      Cell Phone

Legal Custody/Guardianship?  Yes  No/NA    Permission to Pick up?  Yes  No    Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ (optional)

Siblings Information (School Age):

Last Name	First Name	Grade	Age	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am the parent/guardian of the child named above. The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Madison County Public Schools. I understand that it is my responsibility as parent/guardian to keep this information current. I give permission for the information on this form to be reviewed and utilized by the staff of this school and by district personnel to assist in the provision of school health services, and be disclosed to relevant state agencies to facilitate the process of verifying current Medical eligibility (if applicable).

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ STUDENT'S NAME	_____ DATE OF BIRTH	_____ GRADE
_____ STUDENT'S NAME	_____ DATE OF BIRTH	_____ GRADE
_____ STUDENT'S NAME	_____ DATE OF BIRTH	_____ GRADE

- \_\_\_\_ **ACADEMIC RECORDS**
- \_\_\_\_ **IMMUNIZATION/HEALTH RECORDS**
- \_\_\_\_ **WITHDRAWAL GRADES**
- \_\_\_\_ **STANDARDIZED ACHIEVEMENT TEST SCORES**
- \_\_\_\_ **PSYCHOLOGICAL REPORTS/RESPONSE TO INTERVENTION DATA**
- \_\_\_\_ **ESE STAFFING REPORT/INDIVIDUAL EDUCATION PLAN OR 504 PLANS**
- \_\_\_\_ **DISCIPLINE/MENTAL HEALTH REFERRAL DATA**
- \_\_\_\_ **OTHER**

\_\_\_\_\_  
PARENT'S SIGNATURE                      DATE

\_\_\_\_\_  
GUIDANCE SIGNATURE                      DATE

# Madison County District Schools Student Residency Questionnaire

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Date: \_\_\_\_\_

Your child/children may be eligible for additional educational services through Title 1 Part A, Title IX, Part A (formerly known as Title X Part C) Federal McKinney-Vento Homeless Assistance Act. Please answer the following questions to determine eligibility: **If you and/or your family are presently living in one of the following situations:**

- My Family lives in an emergency or transitional shelter or FEMA trailer. (A)
- My family is living with **another family due** to loss of housing, economic hardship or a similar reason; doubled up (B)
- My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings. (D)
- My family lives in a hotel or motel. (E)
- A child/youth in my home is not in the physical custody of a parent or a guardian. (Unaccompanied Youth) (Y)



**IF YOU ARE NOT LIVING IN ONE OF THE SITUATIONS ABOVE, STOP HERE!**



Please provide the following information of ALL school-age children in your home.

Student Name	Grade	Date of Birth	School

Have you moved in the past 3 years to seek work in pine straw, farming, dairy, chickens, or other?  Yes  No

Are there any siblings 0-4 years old living in the home?  Yes  No

**IF YOU MARKED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE INDICATE THE CAUSE BY PLACING AN "X" IN THE APPROPRIATE BOX.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Mortgage Foreclosure (M)            | <input type="checkbox"/> Natural Disaster—Flooding (F)  | <input type="checkbox"/> Natural Disaster—Wildfire or Fire (F)   |
| <input type="checkbox"/> Natural Disaster—Tropical Storm (S) | <input type="checkbox"/> Natural Disaster—Tornado (T)   | <input type="checkbox"/> Other (i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.) (O) |
| <input type="checkbox"/> Man-made Disaster (major) D         | <input type="checkbox"/> Natural Disaster—Hurricane (H) |  |

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person Living With: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Contact Number: \_\_\_\_\_

**\*\*Return form to Jennifer Williams\*\***

For more information, please contact Jennifer Williams at 850-973-1542 (Jennifer.williams@madison.k12.fl.us)

## SCHOOL USE ONLY

I certify the above named student qualifies for the Student in Transition Program under the provisions of the McKinney-Vento Act and as such is qualified for the Free Lunch Program under the provision of the McKinney-Vento Act.

\_\_\_\_\_  
Federal Programs Coordinator

\_\_\_\_\_  
Date

### Students in Transition Liaison Use Only:

- Focus Data Entry
- School Liaison Contact
- Food Service Contact

**2017-2018**  
**Madison County School District**  
**McKinney-Vento Homeless Education**  
**Needs Assessment/ Referral Form**

Student Name: \_\_\_\_\_

MCCS      MCHS      LES      GES     PES     EXCEL     JMPHS

M      F      Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Contact Phone numbers: \_\_\_\_\_

**Asst. w/Enrollment Documentation**

Birth Certificates      School Records  
 Immunizations

**School Clothing Only**

School Supplies

School Related Counseling

Free Lunch

Academic Subject Assistance

Social Studies

Science

English/Language Arts

Reading

Writing

Grammar/Spelling

Math

ESE/ELL Services

Referrals to Community Agencies/Resources

Clothing      Size

Pants/ Short      \_\_\_\_\_

Shirt      \_\_\_\_\_

Food

Mental Health Services

Medical Services

Dental Services

Other

**District or School Office Use Only**

<u>Date</u>	<u>Service</u>	<u>Referred to</u>	<u>Received by</u>	<u>Referred by</u>

**Notes:**

Please send a copy of this form completed to Nicolas Gonzalez, Program Specialist anytime a service for a child is provided.

# District School Board of Madison County Occupational Survey

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Birthdate

\_\_\_\_\_  
Child's Grade

Child's School     MCCS     MCHS     LES     GES     PES     EXCEL     JMPHS     MCAA

This school system is interested in providing help to children whose family has had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding out which children we will be able to serve in this special project by filling out one of these forms.

Present Occupation: \_\_\_\_\_

Have you or anyone in your family crossed state or county lines to work or seek work in one of the following occupations, either full-time or part-time during the last three years?

- | <u>Yes</u>               | <u>No</u>                | <u>Occupation or Type of Work</u>  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Farming</b> (plowing, planting, cultivating, harvesting, and process of farm crops) |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Dairy Work</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Livestock Work</b> (hoofing, cutting, branding, feeding and rounding up)            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Poultry or Egg Work</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Planting, Growing or Harvesting of Trees</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Commercial Fishing</b> (fresh/saltwater, crabbing, and shrimping)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Working on a Fish Farm</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Processing or Hauling of Farm/Fish Products</b>                                     |

If you marked yes in any category above, please continue on and answer the question below. If you checked No to all items, you may stop at this point.

Did your child(ren) move with you?     Yes     No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Work Phone Number

# Junta del Distrito Escolar del Condado de Madison

## Encuesta Ocupacional

Nombre del Padre o Tutor

El nombre del niño

Fecha de nacimiento del niño

Grado del niño

Escuela del Niño  MCCS  MCHS  LES  GES  PES  EXCEL  JMPHS  MCAA

Este sistema de la escuela está interesada en la prestación de ayuda a los niños y familia que ha tenido que pasar de un distrito escolar a otro por lo que un miembro de la familia puede trabajar / buscar trabajo en ciertos tipos de puestos de trabajo. Por favor ayúdenos en conocer cual son los niños que vamos a poder servir en este proyecto especial completando una de estas formas.

Ocupación Actual:

¿Usted o alguien en su familia cruzaron las fronteras estatales o del condado para trabajar o buscar trabajo en una de las siguientes ocupaciones, ya sea a tiempo completo oa tiempo parcial durante los últimos tres años?

- | <u>Si</u>                | <u>No</u>                | <u>Profesión o Tipo de Trabajo</u>   |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Agricultura</b> (arado, la siembra, el cultivo, la cosecha, y el proceso de los cultivos agrícolas) |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Trabajo lácteos</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Trabajo Ganadero</b> (hoofing, el corte, la marca, la alimentación y el redondeo)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Las aves de corral o huevos Trabajo</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Plantar, Crecer o recolección de árboles</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Pesca comercial</b> (fresco / agua salada, pesca de cangrejos y camarón)                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Trabajo en una piscifactoría</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Procesamiento o Acarreo de Granja / Productos de Pescado</b>  |

**Si marcó sí en cualquiera de las categorías anteriores, por favor, seguir adelante y responder a la pregunta de abajo. Si marcó No a todos los elementos, puede detenerse en este punto.**

¿Su hijo (a) se mueven con usted?  Si  No

Firma del Padre / Tutor

Fecha

Dirección

Número De Teléfono De Casa

Número Celular

Número de teléfono del trabajo