Appendix A

San Elizario Independent School District

Student Referral Form

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 U.S.C. 11435. The student referral form will assist in determining the services the student may be eligible to receive.

School: _____

Name of Student: _____ Male Female
Last First Middle

Birth Date ___/___/___ Age: _____ Social Security #: _____

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

Address: _____

Brief explanation of circumstances: _____

TO BE COMPLETED BY CAMPUS HOMELESS LIASION

Referred by: _____ Contact Phone Number: _____
(Counselor/Nurse/Homeless Liaison/Principal/Other)

SERVICES PROVIDED (Check appropriate boxes)

School supplies Clothing Other (specify): _____

Approved by: _____ Date: _____
(Campus Administrator/Campus Homeless Liaison)

Approved by: _____ Date: _____
(District Homeless Liaison)

FAX COMPLETED FORM TO:
RESEARCH & DEVELOPMENT AT (915) 872-3904 Attn: Ernesto Rodriguez