



DOVER AREA SCHOOL DISTRICT

A world-class, student-focused community of learners

ADMINISTRATION BUILDING, 101 EDGEWAY RD, DOVER, PENNSYLVANIA 17315

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www.doversd.org

TRACY KRUM
Superintendent

DR. PATRICIA MALONEY
Assistant Superintendent

MRS. JENNIFER BENKO
Business Manager

Student's living situation:

Shelter	Doubled Up(1)	Temporary Placement(4)
Unsheltered(2)	Motel/Hotel	Migrant
Unaccompanied Youth(3)	Transitional Housing	Other: _____
(1) Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason		
(2) Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations		
(3) Unaccompanied youth not living with a parent or guardian		
(4) Child temporarily placed with relative or guardian		

Precipitating Event:

Eviction	Abandonment	Parent/Guardian Incarceration
Fire	Death of Paren/Guardian	Parent/Guardian Hospitalized
Natural Disaster	Domestic Violence	Other: _____

Date student became homeless:

Please check the following services that are needed or desired:

Free breakfast/lunch	Tutoring or other instructional support
Transportation	After-school programs
Clothing/Uniform	Evaluation
School supplies	Special Education Services
Counseling	EL Services
Medical/dental/vision referrals	Community Resources
Referrals to Early Childhood Programs	Emergency Assistance (food, shelter, etc.)
Coordination of Services	Other: _____

Missing enrollment records	
Birth certificate	Prior academic records
Immunization/medical records	Guardianship issues
IEP/504 Plan	Other: _____

Parent/Guardian/Unaccompanied Youth Signature:

Student name: _____

*I affirm that the residency information provided herein is true and accurate.

*I have been advised of my child's rights and my rights under the McKinney-Vento Federal Homeless Assistance Act

Signature

Date

Any person making a false statement regarding residency will be in violation of section 42 U.S.C §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.

Name of LEA Representative: _____ /Title: _____ Date: _____

Email Address: _____ Phone#: _____

Comments/Changes: