

**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 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: \_\_\_\_\_

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Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian Person Enrolling the Student \_\_\_\_\_ Contact Number \_\_\_\_\_ Date \_\_\_\_\_