

**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 or 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**

Yes  No

Yes  No

Yes  No

Yes  No

**SIBLING INFORMATION**

If the student has siblings who live in the same situation and you have not completed a form 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 or Person Enrolling the Student \_\_\_\_\_ Contact Number \_\_\_\_\_ Date \_\_\_\_\_