



# DeKalb Independent School District

*Committed to Excellence*

101 Maple St. • DeKalb, Texas 75559  
Telephone: 903-667-2556 • Fax: 903-667-3791

Dr. Christophor Galloway  
Superintendent

This information will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Last School Attended \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Number of Children Enrolled in (DeKalb ISD) \_\_\_\_\_ (please list in the table below)

Is your current address a temporary living arrangement?  Yes or  No

Is this a temporary living arrangement due to loss of housing, economic hardship, or financial difficulties?  
 Yes or  No

Were you displaced from your home due to a Natural Disaster? (hurricane, fire, flood, tornado, etc.)  
 Yes or  No

Type of Natural Disaster: Hurricane: \_\_\_\_\_ (Please name) Other: \_\_\_\_\_

Please choose which of the following situations the student currently resides in (choose all that apply):

- House or apartment with parent or guardian
- Sharing housing with friends or family members (other than or in addition to parent/guardian)
- Motels/Hotels Shelter or other transitional housing
- Unsheltered - in a car, park, substandard housing, etc.

If you are living in shared housing, please check all the following reasons that apply:

- Loss of housing
- Economic hardship
- Loss of employment
- Parent/Guardian is currently on active duty in the U.S. Military
- Other (Please explain; i.e. substandard housing) \_\_\_\_\_

Are you, the student, living apart from your parents or guardians?  Yes OR  No

Provide the following information for school-age siblings (brothers and/or sisters) of the student:

Last Name	First Name	Grade	Stays at same place	School

\_\_\_\_\_  
Signature of Parent/Guardian/Unaccompanied Youth/School Rep.

\_\_\_\_\_  
Date