

**ILLINOIS STATE BOARD OF EDUCATION**  
 Curriculum and Instruction Division  
 100 North First Street, C-215  
 Springfield, Illinois 62777-0001

**McKinney-Vento Homeless Education  
 Homeless Student Referral**

**DISTRICT INFORMATION**

NAME	DATE OF REFERRAL
SCHOOL DISTRICT NAME AND NUMBER	SCHOOL NAME
TELEPHONE (Include Area Code)	E-MAIL

**FAMILY INFORMATION**

PARENT/GUARDIAN NAME

CHILD(REN) (LIST ALL CHILDREN AGES 0-21)	DATE OF BIRTH	MALE	FEMALE
	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>

CONTACT INFORMATION OF FAMILY

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SERVICES ALREADY BEING PROVIDED

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OTHER INFORMATION