



## **Riverbend Prep. Student Enrollment & Registration Folder**

2023-2024

Riverbend Prep. is thrilled that you have entrusted your child's education to our team. Thank you for the opportunity to develop your student into the next generation of policymakers, barrier breakers, caretakers, and innovators. Our team is dedicated to providing the services your scholar needs to one day change the world. This enrollment packet contains everything you need to enroll your student at Riverbend and receive all of the services we have to offer.

To enroll your student, please complete all the required information below. In order for Riverbend to provide the best possible service to our scholars, we also ask that all parents/guardians complete the non-required documents as well. The non-required forms are critical to ensuring that all students receive the services they need and that the school continues to receive funding for those services.

If you have any questions, please do not hesitate to contact our Office Manager Ms. Emilia Cabello at (602) 285-3003 or [RiverbendPrep5625@gmail.com](mailto:RiverbendPrep5625@gmail.com). Ms. Cabello is responsible for ensuring our community has access to the resources they need to succeed. Please contact her to discuss any of the below services you may require:

- ☐ Resources for families experiencing homelessness
- ☐ Foodbank information
- ☐ State supplemented health, dental, and vision resources
- ☐ English language learning resources
- ☐ Resources for students with disabilities or individualized learning Plans (IEP)
- ☐ Mental health resources for students and parents/guardians
- ☐ Free financial advice/resources
- ☐ Free job/career resources

Thank you again for the opportunity to support your child as they prepare to enter society and drive our world towards a more equitable future.

Nick Brandt  
Executive Director  
Riverbend Prep.

Updated 9/25/2023



## **Student Enrollment Forms**

*Reminder: only a student's legal parent/guardian may enroll them in school. Use this checklist to ensure you have submitted all the required documents.*

Arizona State Law requires schools to collect the following documents to enroll. Please provide copies of the below documents to the Community Liaison.

- ☐ **Proof of Age and Identity** - Any person enrolling a student must provide the school with one of the following:
  1. A copy of the child's government-issued birth certificate; or
  2. Other reliable proof of identity and age, such as a student's baptismal certificate, hospital-issued birth certificate, application for a Social Security number, passport, or original school registration records from another public or private school; or
  3. A letter from an authorized representative of an agency having custody of the student.

*\*Parents/Guardians have 30 days to provide proof of age and identity*

- ☐ **Military Student Identifier** (*included in the enrollment packet*)
- ☐ **Arizona Residency Documentation** - A person can prove his or her physical residence by completing an Affidavit of Arizona Residency (*included in the enrollment packet*) and submitting an original or legible copy of one of the following documents that indicate the person's name and residence address:
  1. Valid Arizona driver's license, Arizona identification card or motor vehicle registration
  2. Real estate deed, mortgage documents or property tax bill
  3. Residential lease or rental agreement
  4. Water, electric, gas, cable, or phone bill
  5. Bank or credit card statement
  6. State income tax return, W-2 wage statement or payroll stub
  7. Certificate of tribal enrollment or other identification, issued by a recognized American Indian tribe, that contains an Arizona address
  8. Documentation from a state, tribal or federal government agency (Social Security Administration, Veterans Administration, Arizona Department of Economic Security)

The residency documentation received by the school will be maintained in accordance with Arizona Department of Education guidelines and must be updated annually.

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## Student Registration Forms

The following information is not required to enroll your student at Riverbend Prep. However, providing this information will ultimately benefit your student. We ask that all parents/guardians complete the following information to ensure the best possible educational experience at Riverbend Prep.

### General Student Information

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_ Nickname (optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Gender: Male Female (circle one)

City and Country of Birth: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Anticipated Grade Level (circle one):

Kindergarten	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
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Were you referred by a Riverbend Ambassador? Please indicate their name here:

\_\_\_\_\_

### Student Education Information

What school district do you reside in: \_\_\_\_\_

What county do you reside in: \_\_\_\_\_

What is the name of the most recent school the student attended and what grade did they attend: \_\_\_\_\_

What is the address of the school above: \_\_\_\_\_

What was the last date the student attended the above school: \_\_\_\_\_

What is the type of school above? (circle one)

Public Charter	Public District	Private	Homeschool	Online	Daycare	Not Applicable
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Has your student been expelled from a previous school? (circle one) Yes No

### Student Residency Information

*Where the student currently lives*

Street Address: \_\_\_\_\_

Appt/Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Parents/Guardian Contact Information

Primary Parent/Guardian Contact (Mailing Address)

- *Is the mailing address same as student residence address? (If yes, skip address below)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Highest Level of Education Completed (optional): \_\_\_\_\_

Emergency Contact? (circle one)      Yes      No

Secondary Parent/Guardian Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Highest Level of Education Completed (optional): \_\_\_\_\_

Is Emergency Contact? (circle one)      Yes      No

Optional Authorized Third Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Highest Level of Education Completed (optional): \_\_\_\_\_



Emergency Contact? (circle one)      Yes              No

Additional Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Custody Information

The child lives with (circle one only):

Both Biological Parents

One Biological Parent Only

Legal Guardian

Both Biological Parents Alternating

Name of Legal Parent/Guardian with Custody (1): \_\_\_\_\_

Telephone Guardian 1: \_\_\_\_\_ Email Guardian 1: \_\_\_\_\_

Name of Legal Parent/Guardian with Custody (2): \_\_\_\_\_

Telephone Guardian 2: \_\_\_\_\_ Email Guardian 2: \_\_\_\_\_

Please circle one if applicable:

A non-custodial parent does not reside locally

A non-custodial parent is legally prohibited from contact (submit legal documentation required)

Technology

Circle the technology your child has access to at home:

Laptop/computer

Tablet

Internet

Printer

Authorization for Emergency Medical Treatment

By signing my name below, I hereby authorize Riverbend Prep. to secure emergency medical treatment for the above-named child while under their supervision.

Name of Child's Healthcare Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ After Hours/Emergency Phone: \_\_\_\_\_

Preferred Hospital for Emergency Treatment: \_\_\_\_\_

Health Insurance Provider Name: \_\_\_\_\_

Health Insurance Provide Policy Number: \_\_\_\_\_

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Health or Mental Health Conditions (please list):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Allergies (please list):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Does your child require medicine to be administered at school (circle one):    Yes    No

*\*If yes, provide the medication in the original prescription bottle with the child's name on it. If your child needs to take any over-the-counter medication, you must provide the specific, age-appropriate medication in the original sealed container. All medication must be brought to the office by a parent or guardian and a Consent for Giving Medication at School Form must be completed and signed by the parent/guardian.*

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (print)

Authorization to Participate In Physical Activity

To the best of my knowledge, the above-named child does not have any health problems that would be harmful to him/her while participating in Physical Education or which would require a physical exam. I hereby give permission for the exchange of information regarding the child's medication and medical issues. Be it known that I, the undersigned parent or legal guardian of the student named above, do hereby and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student as in the judgment of said authority should the student be injured or stricken ill.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (print)

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### Arrival and Dismissal

Students In Family:

First Name	Last Name	Grade Level

Please check the transportation you will utilize for each of the three-time periods:

Morning (All Days)		Afternoon (Full Days)		Afternoon (Half Days)	
Parent/Guardian Driver or Carpool		Parent/Guardian Driver or Carpool		Parent/Guardian Driver or Carpool	
School Bus		School Bus		School Bus	
Parent/Guardian Walking		Parent/Guardian Walking		Parent/Guardian Walking	
City Bus		City Bus		City Bus	
Day Care Van		Day Care Van		Day Care Van	
Extended Day Program		Extended Day Program		Extended Day Program	
Other:		Other:		Other:	

*\*Please note: school bus transportation is not guaranteed. Contact the Community Liaison to secure school bus transportation.*

Release Approval - My children may be released to the following individuals:

Name	Relationship	Phone

### Ethnicity & Race

*This information provides valuable data about the community that we serve.*

*This section is optional and is not required for enrollment*

Ethnicity	Selection
<b>American or Alaska Native</b>	
Optional ----- What is your tribal affiliation:	
<b>Asian</b>	
Optional ----- What country/region in Asia:	
<b>Black or African American</b>	
Optional ----- Country/ethnic group affiliation:	
<b>Native Hawaiian or Other Pacific Islander</b>	
Optional ----- Country/ethnic group affiliation:	
<b>White</b>	

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Optional ----- Country/ethnic group affiliation:	
<b>Hispanic / Mexican /Latino</b>	
Optional ----- Country/ethnic group affiliation:	
Optional ----- List all race/ethnic Affiliations:	

### Parent Language and School Reach

*This information ensures our team can always get a hold of parents/guardians and are prepared to communicate in their preferred language.*

What language do you prefer to receive school communications in? (circle one)

English	Spanish
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Riverbend Prep. uses School Reach to contact parents with messages regarding student absences, upcoming school events, and other critical information. Please complete the information below regarding how you would like to be contacted.

Primary Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I understand that it is the parent/ legal guardian's responsibility to update the school office with information changes to ensure the school may contact them in case of emergency.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (print)

### Media Release

*We are proud to showcase our awesome community – this form gives the school permission to post pictures, videos, and other content that contains images of your student. It's great fun for the student who gets to see themselves on Facebook or on the website and helps the school showcase what makes us awesome!*

In order for the school to produce materials for both internal and external uses, we need your permission to use photos and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following.

Please check only ONE (1):





- ☐ **Public Display** - My child may be photographed/ videotaped, and the photographs/ video may be publicly displayed and/or published. (Social media, web media, news media, marketing, etc.)
- ☐ **School Use Only** - If you give your consent to your child's photo appearing in a yearbook and/or being posted within the school building, but do not want his/her picture published to the public, please mark "School Use Only". (Bulletin boards, class wall with photos, awards, yearbook/memory book, etc.)
- ☐ **No Media** - If for any reason you object to your child being photographed while he/she is participating in school activities, please mark "No Media". This option excludes all items from options "School Use Only" and "Public Display"

*Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.*

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Guardian Signature

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Date

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Guardian Name (print)

#### Release of Student Records

*If your student transferred from another school, this form gives Riverbend permission to request their educational data. This information is critical for our staff to establish academic plans and ensure your student receives the services they need.*

*\*See the form included in the enrollment & registration folder*

#### Special Education History

*This information is critical in ensuring your student can receive the service they need to succeed. Without this information, our team will not be able to develop a strong plan on how to address your child's individual needs.*

*\*See the form included in the enrollment & registration folder*

#### Free and Reduced Lunch Eligibility

*This data allows Riverbend to secure additional funding to hire Educational Assistants and Interventionists. Riverbend Prep. receives additional funding for low-income families and families who need additional education services. Without this data, Riverbend could lose hundreds of thousands in funding. This data is also why 100% of our current student population receives free breakfast and lunch. Without this data, Riverbend may not be able to offer free meals to all students.*

*\*See the form included in the enrollment & registration folder*

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## **Military Student Identifier**

Under the Every Student Succeeds Act, school districts have been issued guidelines regarding the collection of a student's military identifier. Districts are now required to collect and report a student's Military Identifier which identifies students with a parent or legal guardian who is an active member of the Armed Forces or National Guard.

Check the option that best describes the student's Military Student Identifier status at any point during the school year. If a parent(s)/legal guardian's status changes, please notify your child's school office.

- ☐ Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)
- ☐ Student is a dependent of a member of the National Guard (Army National guard or Air National Guard)
- ☐ Not Applicable

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Date



## Permission to Release School Records

I, \_\_\_\_\_ (parent/guardian name) as the legal parent/guardian of \_\_\_\_\_ (student name) hereby request my student's records be sent to Riverbend Prep. Please deliver the below information to the Riverbend Prep. Registrar via electronic mail to: [riverbendregistrar@tatonkaeducation.org](mailto:riverbendregistrar@tatonkaeducation.org).

- ☐ Withdrawal form
- ☐ Academic records
- ☐ Health Records
- ☐ Individual Education Plan or 504 Plan
- ☐ AZELLA Scores/ELL program information
- ☐ Discipline information

The student's records will be kept on file at Riverbend Prep. These records will be subject to the confidentiality rules of the State of Arizona.

Per A.R.S.15-828 Paragraph F. Please send all of the student's records within 10 (10) days from receipt of this form. Under the provisions of section 99.30 of the Family Educational Rights and Privacy Act (FERPA), this document authorizes the release of all school and health records of the student listed below. A.R.S 15-828 Paragraph F states that no school shall withhold records due to financial debts. Federal law 99.31 states that no parent's signature is required for educational records to be sent to another educational agency.

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### Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

District/State of Previous School: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Last Grade Attended: \_\_\_\_\_

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Guardian Signature

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Date

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Guardian Name (print)

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### Special Education Program History

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Has the child ever received Special Education services? (circle one)

Yes	No
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*\*If you circled "No" please skip to the signature line on this page*

Does your child have an Individualized Learning Plan (IEP)?

Yes	No
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Does your child have a 504 Plan?

Yes	No
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Please indicate which services your child received-

Academic Support	Behavior Support	Speech/ Language	Medical Support
Other _____			

When was the plan last reviewed/ created?: \_\_\_\_\_

At which school(s): \_\_\_\_\_

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (print)



## Immunization History

To protect all children against serious vaccine preventable diseases, Arizona school immunization laws require students to receive immunizations before entry to child care and school. The laws and rules governing school immunization requirements are Arizona Revised Statutes §15-871- 874; and Arizona Administrative Code, R9-6-701–708. To comply with this requirement, please submit your child's immunization records to [riverbendregistrar@tatonkaeducation.org](mailto:riverbendregistrar@tatonkaeducation.org).

Documentary proof is not required for a pupil to be admitted to school if one of the following occurs:

1. The parent or guardian of the pupil submits a signed statement to the school administrator stating that the parent or guardian has received information about immunizations provided by the department of health services and understands the risks and benefits of immunizations and the potential risks of non immunization and that due to personal beliefs, the parent or guardian does not consent to the immunization of the pupil.
2. The school administrator receives written certification that is signed by the parent or guardian and by a physician or a registered nurse practitioner, that states that one or more of the required immunizations may be detrimental to the pupil's health and that indicates the specific nature and probable duration of the medical condition or circumstance that precludes immunization. An exemption is only valid during the duration of the circumstance or condition that precludes immunization.

*Please note: Pupils who lack documentary proof of immunization shall not attend school during outbreak periods of communicable immunization-preventable diseases as determined by the department of health services or local health department. The department of health services or local health department shall transmit notice of this determination to the school administrator responsible for the exclusion of the pupils.*

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Guardian Signature

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Date

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Guardian Name (print)

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**Arizona Department of Education**  
Office of English Language Acquisition Services

**Home Language Survey**

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

\_\_\_\_\_

**2. What language does the student speak *most* of the time?**

\_\_\_\_\_

**3. What language did the student *first* speak or understand?**

\_\_\_\_\_

Student Name\_\_\_\_\_ District Student ID\_\_\_\_\_

Date of Birth\_\_\_\_\_ SSID\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

District or Charter\_\_\_\_\_

School\_\_\_\_\_

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 05-2023)





## Arizona Department of Education Arizona Residency Documentation Form

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ Real estate deed or mortgage documents
- \_\_\_\_\_ Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- \_\_\_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_\_\_ Bank or credit card statement
- \_\_\_\_\_ W-2 wage statement
- \_\_\_\_\_ Payroll stub
- \_\_\_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Temporary on-base billeting facility (for military families)
- \_\_\_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on- base billeting facility as the address for proof of residency.

# RIVERBEND PREPARATORY ACADEMY

5625 S. 51<sup>st</sup> AVE, Laveen, AZ 85339 – 602-285-3003 – fax 602-285-5560

## Student Residency Questionnaire

*This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.*

Name of Student: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Male or Female  
Month/Day/Year As of 8/5/13 (Circle one)

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
3. Are you a youth currently living on your own or with a friend, neighbor, or relative? ☐ Yes ☐ No

*If you answered YES to any of the above questions, please complete the remainder of this form.*  
*If you answered NO to all of the above questions, you may STOP HERE.*

Presently, where is the student living? (Check one of the below:)

- ☐ In a shelter
- ☐ With more than one family in a house or apartment (other family owns or rents the house or apartment)
- ☐ With friends or family members (other than parent/guardian)
- ☐ In a place not designated for ordinary sleeping accommodations (i.e. car, park, or campsite)
- ☐ In another location that is not appropriate for people (e.g. an abandoned building)
- ☐ In a motel/hotel
- ☐ Out of home placement including foster care
- ☐ In an arrangement that is not fixed, regular, and adequate and is not described by the other choices.

The student lives with: (Check one of the below:)

- ☐ 1 parent ☐ 2 parents
- ☐ 1 parent and another adult ☐ a relative, friend(s) or other adult(s)
- ☐ alone with no adults ☐ an adult that is not the parent or the legal guardian

I, (full name) \_\_\_\_\_ declare as follows:

I am the parent or legal guardian of the above student who is of school age and is seeking enrollment in Riverbend Preparatory Academy. Since (date) \_\_\_\_\_, our family has not had a permanent residence.

Full name of person completing the form: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### For Office Use Only

*I certify that the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.*

Date: \_\_\_\_\_ McKinney-Vento Liaison Signature: \_\_\_\_\_

Last updated 3/13/2023