

2010-11 OMAK SCHOOL DISTRICT FAMILIES IN TRANSITION INTAKE FORM

Date: _____ Referral By: _____ Agency / School: _____

Parent / Guardian: _____

Currently Residing at: _____

Phone Number: _____ Message Number: _____

Student Name	School	Teacher/ Counselor	Grade Level	Gender	Age	DOB

Circle all that apply

Current Housing: Shelter Hotel/Motel Relative/Friend Car Campsite Transitional
 Unaccompanied Foster Care Rent/Own Other _____

Receiving Free Lunch: **Yes** **No** **Transportation:**
 Requesting Transportation Yes No
Current IEP: **Yes** **No** Regular School Bus Route Yes No
Requesting School Supplies: **Yes** **No** Walking / Riding City Bus Yes No
 Personal Vehicle Yes No

Comments:

Fax this form to:

Racie McKee
 Omak School District Homeless Liaison
 Confidential Phone Line: 509-826-7680

Fax: 509-826-7689

Parents/Student/Guardian – Please be assured that the information on this form will be kept completely confidential. All student information is protected under the Family Education Rights and Privacy Act of 1974, and can only be released or shared with those individuals/agencies with written consent from the student (if 18 years or older) or by the parent/guardian of the student(s).