
**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	
			Walking / Riding City Bus	Yes	No	
Requesting School Supplies:	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).
