



Burlington-Edison School District

927 East Fairhaven Avenue, Burlington, Washington 98233
(360) 757-3311 - www.be.wednet.edu

District Use Only
Entered in Skyward
Free Meals
Title-I Support
McKinney-Vento Grant
Rotary Relief Funds

Intake Form

Parent/Guardian: _____ Phone: _____

Current Address: _____

Please list ALL children (Birth through 21 years of age) in your care: *(for non-relative caregivers, please list only the children staying with you temporarily.*

Name	Grade	Age	Date of Birth	Current or Last Attended School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student(s) Living Situation:

- Shelter
- Unsheltered²
- Unaccompanied Child or Youth³
- Doubled Up¹
- Motel/Hotel
- Migrant
- Transitional Housing

¹ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
² Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations
³ Unaccompanied child or youth not living with a parent or guardian

Yes, No Is this student's home address a temporary living arrangement due to loss of housing or economic hardship?

Please check the following services that are needed or desired:

- ASB, Lab Fees, etc.
- Before/After-school Programs
- Birth Certificate
- Childcare
- Clothing/Uniform/PE Shoes
- College/FAFSA
- Counseling
- Credit Recovery
- Early Childhood Program
- Enrollment
- Co-curricular Clubs/Activities
- Fees
- Gifted/Talented
- Graduation
- Housing
- Immunization/Medical Records
- Immunizations
- Indian Education Program
- ELL/Bilingual program
- Medicaid/DSHS services – Food Stamps/TANF
- Medical/Dental Referral – Medical Coupons
- Mentoring
- Migrant Education Program
- Missing Enrollment Records
- Music/Fine Arts
- Preschool Enrollment Records
- School Supplies
- School Transportation
- Shelter
- Special Education
- Sports/Athletics
- Summer Program
- Tutoring
- Vision Referral
- Vocational/Rechnical
- Other: _____

Building/District Liason Signature:

Name Date

Notes

If needed, attach additional notes