

Lebanon Community School District
Educational Services of Homeless and Highly Mobile Students
Confidential Intake Form

School: _____ Grade: _____ Date Submitted: _____

Referred by: _____ Phone: _____

Student: _____ Age: _____ F M

Date of Birth: _____ Guardian/Contact: _____

Temporary Address: _____ Phone: _____

Problems listed below often prevent homeless and highly mobile children and youth from attending school. Please check the area(s) of concern that apply(s) to the student identified above.

- Student lacks a permanent residence
- Immunizations and/or TB test needed
- A birth certificate is needed
- Excessive absences are a problem
- Lacks academic records and/or documentation
- Academic problems indicate a need for tutoring
- School supplies are needed
- Transportation to school is a problem
- Student/family needs assistance accessing community resources
- Behavior indicates a need for mental health counseling
- Health problems are indicated
- Free lunch form has not been returned
- School clothes are needed – include size

Shirts _____ Pants _____ Shoes _____

Other _____

- Guardianship is a problem
- Runaway report filed
- School of origin is outside the district
- Preschool information needed

Comments: _____

Other children in household and respective attending school: _____

Please print, complete and return this form to Roseanne Hartness or your schools secretary or you may complete the [Confidential Intake Form](#) online and submit by email. For a hard copy of the referral form, questions or for assistance with completing referrals please contact Roseanne Hartness at 541.259.8907.

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