

**ILLINOIS STATE BOARD OF EDUCATION**

General Counsel Division  
100 North First Street, S-493  
Springfield, Illinois 62777-0001

**McKinney-Vento Homeless Education  
Homeless Family Request for Assistance**

To: State Coordinator, Homeless Education Program  
Illinois State Board of Education  
100 North First Street  
Springfield, Illinois 62777-0001

Re: Homeless Family Request for Assistance

My child(ren) attend school in \_\_\_\_\_ School District # \_\_\_\_\_.

I need assistance with the following issue(s). I have checked the box that best fits my situation and have included a brief statement in the space provided.

- The school district would not enroll my child(ren).
  
- Child(ren) could not begin school because they did not have all their medical and/or school records.
  
- Child(ren) were not permitted to stay at their current school.
  
- Special Education testing/placement services were denied or unavailable.
  
- School district will not provide transportation to stay in their current school.
  
- Other
  
- I have written on the reverse side of this letter what has already been done to help me.

My contact information is:

NAME	ADDRESS (Street, City, State, Zip Code)
TELEPHONE (Include Area Code)	

\_\_\_\_\_  
*Original* Signature Date