

New Mexico Student Enrollment Form

School Name _____

School District _____

Your child may be eligible for additional educational services depending on your housing situation. Additional services and rights include the right to stay at the same school even if you move and access to free meals at school. Eligibility can be determined by completing this questionnaire.

This form is to learn more about your family's current housing situation. This information will remain confidential. Please begin by providing your contact information. Your signature indicates that you have completed this form to the best of your knowledge.

Print Parent/Guardian/Adult Caring for Student Name

Signature

Date

(Area Code) Phone number

Email address (optional)

Street Address

City

State

Zip

Housing Situation/Nighttime Residence

1. Who does the enrolled student(s) live with? Please check all that apply:
 Parent Legal Guardian Relative Other Adult Alone Other _____
2. Where has student normally slept in the past 30 days? Please check all boxes that apply.
 - In a home that is owned or rented by parent or guardian
 - Staying temporarily with friends, relatives, or other people ("doubled up" or "couch-surfing") **because the student had nowhere else to go.**
 - At a shelter
 - In transitional housing or an independent living program
 - At a motel or a hotel
 - In an RV or camper
 - In a car, tent, park, bus or train station, abandoned building, or other public place
 - Student does not have a usual place to sleep
3. Is your home or place you sleep at night connected to electricity, heat, and running water?
 Yes No I don't know
4. Does your home or place you sleep at night have problems with mold; vermin, such as lice, rodents, or fleas; or other significant issues?
 Yes No I don't know
5. How many other people live in your home or the place in which you sleep at night?
 Zero to Five [0-5] Six to Ten [6-10] Eleven to Fifteen [11-15] Sixteen to Twenty [16-20] Twenty-one or More [21 +]
 The Number Varies Every Night Not Applicable
6. How many bedrooms are in your home or the place in which you sleep at night?
 One [1] Two [2] Three [3] Four or more [4 +] Not Applicable

Depending on your answers to the above questions, your child(ren) may be eligible for additional support. Please list their information below.

First	Student(s) Names		Gender	D.O.B.	Grade	School Name
	Middle	Last				

3. You may be contacted by your school system's educational support staff, unless you check the box below:

No, please do not contact me.

* Referral made to McKinney-Vento Liaison on this date: _____