



EQUITY EXCELLENCE RELEVANCE

**Hobbs HOPE**

**New Mexico Student Enrollment Form**

School Name \_\_\_\_\_ School District \_\_\_\_\_

*Your child may be eligible for additional educational services depending on your housing situation. Other 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 \_\_\_\_\_ 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 the student generally slept in the past 30 days? Please check all boxes that apply.
  - In a home that is owned or rented by a 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 another public place
  - The student does not have a usual place to sleep



EQUITY EXCELLENCE RELEVANCE

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 where 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 where do 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		Last	Gender	DOB	Grade	School Name
	Middle						

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: \_\_\_\_\_