UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Indian Education

Lake Valley Navajo School
PO Box 748
Crownpoint, NM 87313
P: 505-786-5392 F: 505-786-5956

Dear Parents and Guardians,

June 24, 2025

We are pleased to announce that we are now accepting applications for the 2025-26 school year for students. We are also accepting residential enrollment. To enroll your child, please complete the attached forms and return to Lake Valley Navajo School by August 1, 2025. **Any questions please call 505-786-5392**

RETURNING STUDENTS	NEW STUDENTS
• Completed enrollment packet • Immunization Records (Current year June 2025) **If you are enrolling a child and you are not a biological parent, you will need <u>one</u> of the following:** • Legal court documents • Care Givers Affidavit • Power of Attorney	• Completed enrollment packet • Birth Certificate • Social Security Card • Certificate of Indian Blood • Immunization Records (June 2025) • Individualized Education Plan (IEP) if applicable • Student attendance/behavior log • Previous school report card **If you are enrolling a child and you are not a biological parent, you will need <u>one</u> of the following:** • Legal court documents • Care Givers Affidavit • Power of Attorney

Only completed enrollment packets will be accepted. Thank you for your continued support & consideration. We can't wait to see the achievements your child will make in the coming year. Remember to fill out all the lines and spaces and sign in all signature areas.

First Day of school: August 4, 2025 (technology & connectivity and meals provided). As we near the start of the school year, more information will be shared.

Kind Regards,

Ms. Deloria Chapo,
Lake Valley Navajo School Acting Principal,
505-786-5392

BIA Form 6248
OMB No. 1076-0122
LVNS/recvd. 03/10/21
Exp. 05/31/2023

Grade Level:_____
Boarding:_____
Day-Bus: _____

Bureau of Indian Education
LAKE VALLEY NAVAJO SCHOOL
Student Enrollment Application

Entry Date: **Withdrawal Date:**

Native American Student Information System (NASIS) ID NO.

Student Name: LAST	First	Middle:	Gender: Female: ☐ Male: ☐	Date of Birth:	Enrollment Number:	Degree of Indian Blood:

Student Address:	City:	State:	Zip Code:	Birth Place:	Tribal Affiliation:	Chapter Affiliation:

Home Location:	Language most Spoken at Home: Navajo: ☐ English: ☐	Language most Spoken by Student: Navajo: ☐ English: ☐

With whom does the student live?	Did student participate in English Language Learn ELL?	Did student participate in Special Education?
Both Parents ☐ **Father** ☐ **Mother** ☐ **Grandparents** ☐ **Guardian** ☐ **Other** ☐		

Guardianship or Custodial issues must include proper notarized/court documentation, unless we receive copies that assigns custody to one parent, we must assume that both parents can visit/parents can visit/pick up the student from school. Who has legal guardianship of the student?

Father:	Tribal Affiliation:	Mother:	Tribal Affiliation:
Address (city,state,zip):		Address (city,state,zip):	
Home Location:		Home Location:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Email:	Cell/Pager:	Email:	Cell/Pager:
Employer:	Census No:	Employer:	Census No:
Contact Allowed:	Received student mailings?	Contact Allowed:	Received student mailings?
Guardian Name:		Contact Allowed:	Received student mailings?
Address (city,state,zip):		Home Location:	
Home Phone:	Work Phone:	Cell/Pager:	Other:
Employer:		Email:	
Emergency Information: (other than parent/guardian):		Emergency Information: (other than parent/guardian):	
Relationship to Student:	May Pick up Student?	Relationship to Student:	May Pick up Student?
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Cell/Pager:	Other:	Cell/Pager:	Other:

SCHOOL HISTORY:

For students whose last academic year was 8th grade:

Name of School: _____ Address: _____

Phone Number: _____ Grade Completed: _____ Dates Attended: _____

List all schools you have attended:

Previous School Attended: _____ Address _____ Phone No. _____

Reason for transferring: _____ Grade Completed: _____ Dates Attended: _____

Previous School Attended: _____ Address _____ Phone No. _____

Reason for transferring: _____ Grade Completed: _____ Dates Attended: _____

Has the student ever been removed or is the student in the process of being removed from a previous school due to disciplinary action? _____.

I am legally responsible for this student and hereby apply for his/her admission to Lake Valley Navajo School. I understand that additional may be required by the school before this student is officially enrolled.

I recognize that this is a public document and that falsification of information on this document may constitute violation of the criminal laws. I further hereby certify the inform contained herein is true and correct. I understand that any legal update of the information on this enrollment form is my responsibility.

Print name of Parent/Legal Guardian *Signature of Parent/Legal Guardian* *Date*

OFFICIAL USE ONLY *Verified by:*

I certify that the above named student is enrolled member with the Navajo Tribal Indian Census as being of:

_____ Degree of Indian Blood. _____ Enrollment/Census Number. _____ Agency.

APPROVAL OF SCHOOL APPLICATION: ☐ Approved ☐ Not Approved

Signature of Principal or Registrar *Date* *Signature of Programs Support Assistant* *Date*

UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Indian Education
Lake Valley Navajo School
PO Box 748
Crownpoint, NM 87313
(p) 505-786-5392 (f) 505-786-5956

Dear Parents/Guardians,

June 18, 2025

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Lake Valley Navajo School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Lake Valley Navajo School may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Lake Valley Navajo School to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings - unless parents have advised the school that they do not want their student's information disclosed without their prior written consent.

If you **do not** want Lake Valley Navajo School to disclose directory information from your child's education records without your prior written consent, you must notify the school in writing by September 1, 2020. Lake Valley Navajo School has designated the following information as directory information:

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Photograph
- Degrees, honors, and awards received
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- The most recent educational agency or institution attended

If there are questions about your or your student's (18 or older) rights under FERPA you may contact:

Name: Ms. Deloria Chapo
Position: Lake Valley School Acting Principal
Telephone #: 505-786-5392

If you do not wish directory information about your student to be disclosed please indicate on the attached form and return that form to the school by September 1, 2020.

KEEP THIS PAGE

LAKE VALLEY NAVAJO SCHOOL

Family Educational Rights and Privacy Act (FERPA)

I have received information about my rights under FERPA and understand my right to request that any of the items listed below not be disclosed as Directory Information to any outside group, other than those having a legal right to the information, without my written permission. Those having a legal right might include federal auditors, those having oversight responsibilities, circumstances regarding health and safety, emergencies or other similar entities.

[ ] **DO NOT WANT ANY** Directory Information regarding _____
(Student Name) disclosed. (Nothing will be disclosed without written permission)

Or ----------

[ ] I **do not want the following** directory Information regarding my student

_____ disclosed without written permission.
(Print Student Name)

Check all that apply.

1. [ ] Student's name
2. [ ] Participation in officially recognized activities and sports
3. [ ] Address
4. [ ] Telephone listing
5. [ ] Weight and height of members of athletic teams
6. [ ] Electronic mail address
7. [ ] Photograph
8. [ ] Degrees, honors, and awards received
9. [ ] Date and place of birth
10. [ ] Major field of study
11. [ ] Dates of attendance
12. [ ] Grade level

I am the parent or legal guardian of _____.
(Print Student Name)

_____ _____

Signature Date

If you wish to not allow Directory Information regarding your student be disclosed please return this page, completed to Lake Valley Navajo School.

Return This Sheet ONLY

STUDENT HEALTH HISTORY

STUDENT NAME: _____ BIRTHDATE: _____
(Parents: Please fill this form out completely by answering Y=Yes and N=No for each question)

HEALTH HISTORY:

Y N Has your child had measles, chicken pox, whooping cough, and pneumonia, and asthma, heart problems such as a murmur or hepatitis? (Circle any that apply)
Y N Does your child have any chronic illnesses such as heart problems, asthma, high blood pressure, seizures or diabetes? (Circle any that apply)
Y N Has your child ever been hospitalized or had surgery?
Y N Has your child ever been "knocked out", had a concussion or serious head injury?
Y N Has your child ever had a seizure, fit or convulsion?
Y N Does your child have any missing organs such as an eye, kidney, testicles, etc.?
Y N Does your child have fainting or dizzy spells?
Y N Does your child often have headaches not relieved by rest or pain reliever?
Y N Has your child had a shoulder, knee or ankle injury?
Y N Has your child had a broken bone?
Y N Has your child had more than three ear infections?
Y N Does your child have braces, a dental bridge or plate?
Y N Does your child have chest pain with exercise?
Y N Do you have any concerns about your child being in sports?
Y N Does your child have any allergies (to food, animals, plants, etc.)?
Y N Does your child take any medication on a daily basis for a chronic medical problem?
Y N Is your child allergic to any type of medication? LIST MEDICATIONS HERE: o o o

_____

If you answered "yes" to any questions above, please provide additional information: _____

_____

FAMILY HISTORY:

Y N Are there any health issues in your family like diabetes, heart problems, cancer, stroke, tuberculosis, asthma, seizures or any inherited disease?
Y N Is there anyone in your family who had a sudden, unexplained death under age 40?
Y N Do you have other children with serious health problems?

If you answered "yes" to any questions above, please provide additional information: _____

_____

OTHER HEALTH CONCERNS:

Y N Does your child have trouble hearing, seeing or talking?
Y N Does your child wear glasses or contact lenses?
Y N Does your child have problems in school?
Y N Does your child have behavior problems?

If you answered "yes" to any questions above, please provide additional information: _____

_____

_____

If you have any other health concern other than those listed in this questionnaire, please provide info:

_____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Computer/Internet Usage Policy
Lake Valley Navajo School 2025-2026

The primary purpose of the Internet connection is for educational pursuits. In formulating this policy, the School recognizes that students have a constitutional right to freedom of speech. However, that right is not unlimited, and we encourage students to be thoughtful about their words and actions.

The system administrator and the school principal have determined what constitutes inappropriate use of the school's computer system and equipment. Inappropriate use includes but is not limited to the following activities:

1) Sending or displaying offensive/ pornographic/threatening/subversive images and messages;
2) Accessing, viewing, or transmitting material related to drugs, alcohol, gangs, sexual activity, or hate groups;
3) Tampering with or damaging school computer equipment and/or system;
4) Violating copyright laws;
5) Allowing others access to username and password;
6) Using another user's username and password. Trespassing in another user's account, folders, and/or files;
7) Intentionally wasting limited resources, such as forwarding chain letters; streaming internet radio or video; downloading music, video, or software;
8) Using a proxy server to bypass system network filters and controls;
9) Using the schools BIE Internet system for commercial activities, or making personal purchases;
10) Participating in chat rooms or other live communication;
11) Cyberbullying which may include mean text messages or emails, rumors sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles.

Violations will result in loss of access, confiscation of equipment, and/or further disciplinary or legal action, and:

1) Any cost/expense incurred by the user becomes the liability of the user.
2) The user will be billed by the school for loss/damage to the computer system and/or equipment as a result of inappropriate use as listed above.

All computer network usage is subject to BIE/Federal filtering and monitoring. Therefore, be reminded there is no expectation of privacy.

Students must have a current signed Student Computer/Internet Usage Policy and Agreement on file before they can use the Internet on any of the school computers. The school's Wi-Fi network is limited to school-purchased devices.

My child, _____, is authorized to access the internet and will abide by all school computer/internet usage policies.

Parent Signature _____ **Date:** _____

Student Signature _____ **Date:** _____

Principal Signature _____ **Date:** _____

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Lake Valley Navajo School
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Emergency Information/Check Out Authorization

Name: _____ Grade: _____

Parent or Guardian: _____

Address: _____

Physical Address: _____

Date of Birth: _____ Census #: _____ Gender: Male/Female (Circle One)

Home Phone #: _____ Cell #: _____

Father's Work Phone #: _____ Mother's Work Phone #: _____

Email Address: _____

My child will:

Ride the Bus To/From School _____ Walk To/From School _____

Be Brought To/From School _____ Stay in the Dorm _____

I hereby authorize the following persons to check out my child:

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship: _____

Note: No one under the age of 18, or under the influence of drugs/alcohol will be allowed to check out your child.

_____ _____
Parent/Guardian Signature Date

Lake Valley Navajo School
P.O. Box 748
N. Hwy. 371 County Rd. 7750
Crownpoint, New Mexico 87313
Phone: 505-786-5392
Fax: 505-786-5956

HOME & TRANSPORTATION MAP

In case of emergency, school officials need to know the location of your home.

School Year: 2024-25

Name: _____ Grade: _____ Gender: ☐Male ☐Female

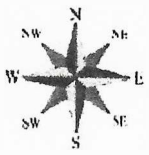
Father/Guardian: _____ Mother/Guardian: _____

Phone Number: _____ Phone Number: _____

School Transportation Required: ☐Yes ☐No

Provide a map & directions to your home. *If PM route is different from AM route,* provide PM route map & directions on back.

Residence/Route (be specific) ** Identify any visible factors that will give direction to your home. List any road numbers or rural address.



Home Location Directions:_____

_____

Color of home: _____ Color of roof: _____

Distance from School: _____

Type of home: _____

Revised: 06.28.2021 ☐1st Change ☐2nd Change

New Mexico Childcare/Pre-School/School Entry Immunization Requirements

Additional guidance for: Intervals, catch-up schedule, proof of immunity

2025-26 school year

Diphtheria/Tetanus/Pertussis: If child (4 months-6 years) is behind schedule, follow the CDC's catch-up schedule.

Tetanus/Diphtheria/Pertussis: 7th-12th graders require proof of 1 dose of Tdap regardless of when the last Td-containing vaccine was given. **Catch-up:** Children 7-18 years who are not fully immunized with the childhood DTaP series should be vaccinated according to the CDC's catch-up schedule, with Tdap as the 1st dose followed by Td if needed. A 3-dose series is sufficient if initiated after age 7, in which one dose must be Tdap, followed by 2 doses of Td. Children age 7-9 who receive 1 dose Tdap as part of the catch-up series require 1 additional dose at 11-12 for 7th grade entry.

Polio: A minimum of 4 weeks between doses required with 6 months between last two doses. ‡**OPV:** Only trivalent OPV counts as valid. Monovalent or bivalent OPV are not valid. All OPV doses given after 4/1/16 are assumed to be mono or bivalent.

MMR: Required 2nd dose should be given on/after 4th birthday. However, dose 2 may be given earlier with at least 4 weeks between dose 1 and 2.

Hib: If series started <12 months of age, 3 doses required with at least 1 dose on/after 1st birthday. Two doses required if dose 1 received at 12-14 months. One dose of Hib vaccine administered between age 16-59 months is sufficient. Not recommended ≥60 months of age.

Hep B: Dose 2 a minimum of 4 weeks after dose 1; dose 3 at least 16 weeks after dose 1 and at least 8 weeks after dose 2. For infants currently receiving the primary series, the final dose must be administered no earlier than 24 weeks.

PCV: Administer a series of PCV13 vaccine at ages 2, 4, 6 months with a booster at age 12-15 months. Catch-up: Administer one dose of PCV13 to all healthy children 12-59 months who are not completely vaccinated for their age; children >60 months, no doses required.

Varicella: For children ages 12 months to 12 years, the minimum interval between the two doses is 3 months. However, if dose 2 was administered ≥28 days after dose 1, dose 2 is considered valid and need not be repeated. For children ≥13 years, the recommended minimum interval is 4 wks. **Required for proof of varicella immunity:**

- For K-10th graders: Receipt of vaccine; titer or laboratory confirmed diagnosis is required as proof of prior disease.
- For 11th-12th graders: Receipt of vaccine, written proof of immunity by a physician/health care provider or laboratory titer is required.
- For **all newly diagnosed** varicella cases: Lab confirmation of disease is required.

Hep A: One dose required by 15 months; 2 doses required at 48 mos. with at least 6 months between doses.

MenACWY:

- **1st dose**: All adolescents should receive a dose at ages 11-12.
- **Booster dose**: At age 16, **required** by grade 12. A booster dose **before age 16 is not considered valid.**
  - Adolescents who receive dose 1 at ages 13-15 should get a booster at 16.
  - Minimum interval between dose 1 and 2 is 8 weeks.
  - If the first dose is received after the 16th b-day, no booster dose is needed.
  - Doses of MenACWY received at age 9 or younger do not count for school requirements and must be repeated at ages 11-12 and boosted at age 16.
  - The new MenABCWY can be used at age 16 and counted for the 2nd MenACWY dose.
  - **MenB is NOT** required for school. MenB is **not interchangeable with MenACWY.**

§**4-Day Grace Period:** Any vaccine administered ≤4 days prior to minimum interval or age is valid. However, the 4-day grace period should not be applied to the 28-day interval between live injectable or intranasal vaccines not administered at the same visit (MMR, Varicella, and FluMist).

Notes

- All students enrolled in designated grades are expected to meet requirements.
- *Changes from last year's requirements are highlighted for ease of use.*

Resources

CDC Immunization Schedule has detailed footnotes and catch-up schedule
https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html

NM Immunization Protocol
https://nmhealth.org/publication/view/regulation/531/

NMSIIS
https://nmsiis.health.state.nm.us

NM School Health Manual
https://www.nmhealth.org/about/phd/pchb/osah/shm/

Vaxview NM:
https://vaxview.doh.nm.gov/

New Mexico Childcare/Pre-School/School Entry Immunization Requirements

New Mexico School Nurses are granted Public Health authority by the NM Secretary of Health for collecting and submitting immunization information

2025-26 school year

Vaccine	Minimum # of vaccine doses by childcare and pre-school age levels							Vaccine doses by school grade level												Notes
	by 4 mo.	by 6 mo.	by 12 mo.	by 15 mo.	by 47 mo.	by 54 mo.	≥ 60 mo.	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	
Diphtheria/ Tetanus/ Pertussis (DTaP/DT/Td)*	1	2	3	3	3	4	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	One dose required on/after 4th birthday. Four doses are sufficient **if last dose given on/after 4th birthday**, with at least 6 months between the last two doses. Five doses are preferred for optimal protection.
Tetanus/ Diphtheria/ Pertussis (Tdap)															1	1	1	1	1	1	1 dose req'd for gr. 7-12 entry. Tdap should be given at age 11-12 but can be given at 10. Doses before age 10 are not valid for 7th grade entry.
Polio (IPV)* (OPV‡)	1	2	2	2	3	4 (3)	4 (3)	4	4	4	4	4	4	4	4	4	4	4	4	4	Students in K-12th grades final dose required on or after 4th birthday. Three doses suffice if CDC's catch-up schedule used AND last dose was given on/after 4th birthday with at least 6 months between the last two doses.
Measles/ Mumps/ Rubella (MMR)				1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	Min. age for valid 1st dose is 12 months. Live vaccines (MMR, Varicella) must be given on the same day; if not, they must be administered a min. of 28 days apart.§
Haemophilus Influenzae type B (Hib)*	1	2	2	2	3/2/1	3/2/1	3/2/1														
Hepatitis B (HepB)	1	2	3 see below	3	3	3	3	3	3	3	3	3	3	3 (2)	3 (2)	3 (2)	3 (2)	3 (2)	3 (2)	3 (2)	Two doses adult Recombivax HB also valid if administered at age 11-15 & if dose 2 rec'd no sooner than 16 wks. after dose 1.
Pneumococcal (PCV)*	2	3	3	4/3/ 2/1	4/3/2 /1	4/3/2 /1	4/3/2/ 1/0														
Varicella (VAR)				1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	Min. age for 1st dose is 12 mos. Dose 2 should ideally be given at age>= 4, see note on page 2. Live vaccines (MMR, Varicella) must be given on the same day; if not, they must be administered a minimum of 28 days apart.§
Hepatitis A (HepA)				1	1	2	2	2	2	2	2	2									Hep A vaccine is recommended for catch up in grades 5-12. Minimum age for valid Hep A is 12 months.
Meningococcal Men ACWY															1	1	1	1	1	2	1 dose required for 7th-11th grade entry. 2 doses required by grade 12 and recommended at age 16. Details on pg. 2.

*Minimum age 6 weeks

Recommended vaccines: These vaccines are recommended but not required for school entry at this time.

Influenza (flu): Age-appropriate vaccination is recommended every year.

HPV: This cancer-preventing vaccine is strongly recommended at age 11-12 and can be given as early as age 9.

COVID-19: Age-appropriate vaccinations for 6 months through 18 years are recommended. Refer to the NM Dept. of Health COVID-19 website for the latest guidance: https://cv.nmhealth.org/covid-vaccine/

Recommended # doses for adult students 19+ in secondary school

Vaccine	# Doses
Tetanus/Diphtheria/Pertussis (Tdap)	1
Measles/Mumps/Rubella (MMR)	2
Varicella (VAR)	2

LAKE VALLEY NAVAJO SCHOOL

SCHOOL BUS Rules!

Rules!

1. If your child rides the bus to school, your child must ride the bus back home unless:
   a. Child has been checked out through the office; or
   b. Child has a written permission from parents to remain at school or go home another way; or
   c. Child's parents tell the bus driver **before 11:00 a.m.**
   d. **Dorm Students** may ride bus on Monday mornings and Friday after schools. Student must return to Dorm after school.
2. Please have your child must be at bus stop at least 5 minutes before the bus is scheduled to arrive. Honest attempts to make it to the stop will be honored.
3. Please have your child at least 10 feet from the bus stop and do not have child run toward the bus. WAIT for the bus to STOP COMPLETELY and for the bus driver to motion to your child before boarding the bus.
4. Remain in your seat.
5. To Students: Keep hands, feet and objects to yourself at all times and your feet must be kept on the floor. Keep all parts of your body and all objects inside the bus at all times.
6. To Students: Be considerate of others. Do not swear, use rude gestures, or tease other students on the bus.
7. To Students: Do not talk to the bus driver while the bus is in motion, except in an emergency. Yelling or screaming will not be allowed on the bus.
8. All Soft drinks, chewing gum, and food will not be allowed on the bus.
9. To Students: Do not tamper with the emergency door, windows, or any other equipment on the bus. Do not litter, write on, or damage the bus in any way.
10. To students: Be on time to board the bus after school. In an orderly manner, go directly to your assigned seat.
11. If student receives 3 misconduct reports, student's bus privileges will be suspended for a number of days. Fighting is a serious offense and will be dealt with immediately:
    a. 1st offense: Conference with your parents and suspension of bus privileges for 2 days.
    b. 2nd Offense: Lose your bus riding privileges.

Parent's Signature: _____

Child's Name: _____

Child's Grade: _____

Date: _____

Division of Performance and Accountability
Supplemental Education Programs
McKinney-Vento Education for Homeless Children & Youth Program
STUDENT HOUSING QUESTIONNAIRE

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

School: _____ Date: _____

Student Name: _____ ☐ Male ☐ Female

Last School attended: _____ Current Grade: _____

Birth Date: _____ Do you have more children? ☐ Yes ☐ No

Address of where the student slept last night: _____

Parent/Guardian/Adult Caring for Student: _____ Relationship: _____

Main Contact Phone Number: _____ Email, if available: _____

Is the student's address a temporary living arrangement? ☐ Yes ☐ No

*** NOTE: If You Checked NO, you may STOP here. Thank you.**

If temporary, is this living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

☐ **Doubled-up** – staying with a friend or relative because of loss of housing, economic hardship or similar reason (ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

☐ In a **hotel**/motel (Name of hotel/motel): _____

☐ In a **shelter** or transitional housing program (name of shelter or program): _____

☐ In an **unsheltered** location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.

☐ With an adult that is not a parent or legal guardian, or alone without a parent.

Notes/explanation of current living situation:

List all other children that stay in the same location:

Last Name	First Name	Grade	School

The undersigned certified that the information provided above is accurate.

_____ _____

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

Division of Performance and Accountability
Supplemental Education Programs
McKinney-Vento Education for Homeless Children & Youth Program
STUDENT HOUSING QUESTIONNAIRE

For School Use Only

Note. Upon enrollment, the school registrar or other designated staff is responsible for inputting required student-level data into NASIS including housing type (Primary Nighttime Residence).

Housing type (Primary Nighttime Residence)-Check all that apply and date:

☐ Doubled-up: _____ ☐ Sheltered: _____

☐ Hotel/Motel: _____ ☐ Unsheltered: _____

1)**Unaccompanied youth**: ☐ Yes ☐ No

2) **Transportation needed**: ☐ Yes ☐ No

Select all that apply: ☐ Special Education ☐ English Learner

Resources and Services
Must be reviewed with parent/guardian/unaccompanied homeless youth in a manner and form that is understandable, including if necessary and to the extent feasible, in the native language:

☐ McKinney-Vento rights reviewed (Immediate enrollment, Rights to attend school of origin, Transportation, Free school meals/fees waived)

☐ Community resources available and information shared (Food and clothing, Affordable permanent housing, Emergency shelter, Mental health services, Employment, Domestic abuse resources, Medical, dental, and other health services, Seasonal/holiday)

☐ School staff confidentially received student information (Food services, Registration/enrollment, Transportation department, Building school counselor or school social worker, Building principal)

Do not make copies of this form. If "yes" is checked for "Is the student's address a temporary living arrangement?" forward form to Local Homeless Liaison. A copy should not be placed in the student's cumulative file.

Local Homeless Liaison: _____ **Date:** _____