PORTALES MUNICIPAL SCHOOL DISTRICT

New Mexico Student Residency Questionnaire Form

School_____

Name of Student _____ **Sex** ☐ **Male**
Last **First** **Middle** ☐ **Female**

Birth Date _____ **/** _____ **/** _____ **Age**_____
Month **Day** **Year**

Your child may be eligible for additional educational services through Title I Part A, Title I Part-C Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Presently where are you and you family currently staying? Check one box

Section A

☐ Rent/own my own home.

STOP: If you rent/own your own home, sign under item 5 and submit for to school personnel..

Section B

☐ Temporarily with another family because we cannot afford or find affordable housing.
☐ With an adult that is not a parent or legal guardian, or alone without an adult.
☐ In a motel, hotel, trailer park or campground without running water/electricity.
☐ In a vehicle of any kind, abandoned building or substandard housing.
☐ In an emergency/transitional shelter.
☐ Other

Would you like to be contacted by a member of the school system's Education for Homeless Children and Youth program staff?

☐ **Yes** ☐ **No**

The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student Signature Date

(Area Code) Phone number Street Address City State Zip

Please send copy to the Federal Programs Office

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School Use Only

☐ Free or Reduce Price Meals Form submitted and signed
☐ Referral Form completed/submitted

Print School Contact Title Signature (required) Date