



# CENTRAL CONSOLIDATED SCHOOL DISTRICT

P.O. Box 1199 | US Hwy. 64 Old High School Rd. Shiprock NM 87420

Administration Phone: (505) 368-4984 • Fax (505) 368 - 5232

## NEW MEXICO STUDENT RESIDENCY FORM

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. Please begin by signing and completing your contact information. Your signature indicates that you have completed this form to the best of your knowledge.

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

(Area Code) Phone number \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 1. Where do you and your family currently live? Check only one box in either Section A or B.

#### Section A

Live in my own home (rent or own) with immediate family (spouse/partner, children, parent(s)).

**STOP: Please return this form without completing the remaining sections.**

#### Section B

Temporarily living with another family.

Name of person(s) you're living with: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Reason for sharing home: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Rent in a temporary space (for example: motel, hotel, trailer park or campground)

Name & Location: \_\_\_\_\_

In a place that lacks water, electricity, or heat; is infested with vermin or mold; lacks working kitchen or a working toilet; presents unreasonable dangers to adults, children, or persons with disabilities.

Name & Location: \_\_\_\_\_

In a temporary shelter or other temporary housing

Name & Location: \_\_\_\_\_

24-hour substitute Foster Care for children placed away from their parents/guardians.

Unaccompanied Youth (without a parent or legal guardian) living in the above circumstances

Person you are currently living with: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Other (please note): \_\_\_\_\_

**CONTINUE: If you checked a box in Section B, complete the remainder of this form on page 2.**

2. Tells us about your current living situation. Give a brief description of your current living situation:

3. Please answer the following questions if you checked one of the boxes in Section B.

a) Is your current living situation short term or long term?  No  Yes Please Explain:

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b) How long have you been living at the current residency?

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c) Does everyone have a bed to sleep in?  No  Yes Please Explain:

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d) Are you currently seeking permanent housing?

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**Student Information**

Student(s) Name			Gender	Date of Birth	Grade	School Name	Student State ID
First	Middle	Last					

4. Have you moved in the last 3 years to work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing?  No  Yes

5. You may be contacted by a member of your school system’s educational support staff. Please check the box below if you do NOT wish to be contacted.  No, please do not contact me.

**-----Official Use Only-----**

Does Qualify  Does NOT Qualify Date Referral Received: \_\_\_\_\_

Was the named students entered into STARS data base:  No  Yes

Homeless Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email complete forms to Alyssa Chavez, District Homeless Liaison at [chava@centralschools.org](mailto:chava@centralschools.org).  
For more information please call: Phone (505) 598 – 4534 or Cell: (505) 793 – 2588