

# Walatowa High Charter School

147 Bearhead Canyon Road  
P.O. Box 669  
Jemez Pueblo, NM 87024

Voice: (575) 834-0443  
FAX: (575) 834-0449

*Located on the Jemez Pueblo Indian Reservation*



*"Think Globally, Create Locally"*

Parents/Guardians:

**Welcome to the 2021-2022 school year!**

We are happy to have your student at the Walatowa High Charter School.

Please fill out the enclosed enrollment forms. These forms are needed every year with updated information. It is very important to have your contact information; therefore, if your contact information changes throughout the year, please contact the school.

Along with the enrollment forms, the following documents are needed:

**New Students:**

- **State Birth Certificate**
- **Social Security Card**
- **Certificate of Indian Blood (CIB), if applicable.**
- **Immunization Records**
- **If a transfer student, transcripts from previous school.**

**Returning Students:**

- **Immunization Records**

If you have any questions, please feel free to contact the school at #575-834-0443.

We look forward to having a great school year!

Thank you,

Walatowa High Charter School

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## Enrollment Form 2020-2021

**OFFICE USE ONLY:**  
Student ID # \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Female  Male Place of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Ethnicity: (Hispanic)  Yes  No

Race:  Caucasian  Black or African American  Native Hawaiian/Other Pacific Islander

Asian  American Indian/Alaskan Native: Census No.: \_\_\_\_\_

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### *Parent/Guardian Information:*

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Walatowa High Charter School**  
**Emergency Contact Information**  
(One for each student)

1. Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Mother's Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Ext. \_\_\_\_\_

**Father's Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Ext. \_\_\_\_\_

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Please give a name of a family physician to be called in case your child becomes ill or has an accident at school and you cannot be reached.

Healthcare Provider Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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Please give the names of two relatives or friends who will resume responsibility for your child in case of illness or accidents until you can be reached. Please notify these persons of these arrangements. In case of any changes in the names of these persons, please notify the school.

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relation to the student: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relation to the student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## Student Pick-Up Authorization Form

(This authorization is effective for the school year 2021-2022)

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In the event I am unavailable, I give the following people permission to pick up my child listed above from school to take to clinic, home, appt., etc. *I realize* that my child will not be released to any other person except the ones listed below. *I understand* that No additions to this list are allowed to be made except by me, in person (the undersigned parent).

1. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

3. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

4. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

5. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

6. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

### Signature of Parent or Legal Guardian:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

## School Medical Form

School: Walatowa Charter High School Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student's Name (Last) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (City) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Please give the names of family Health Care Provider and Family dentist to be called in case your child becomes ill or has an accident at school and you cannot be reached.

Health Care Provider/Phone \_\_\_\_\_ Dentist/Phone \_\_\_\_\_

**Insurance Information: Please check all that apply.**

Health Insurance? Company \_\_\_\_\_  Medicaid/Salud/HMO  School Insurance  No Insurance

Please give the names of two relatives or friends who will assume responsibility for your child in case of illness or accident until you can be reached. Please notify these persons of these arrangements. In case of any changes in the names of these persons, please notify the school in writing.

1. \_\_\_\_\_  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

2. \_\_\_\_\_  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Over the counter Medication Consent**

Occasionally, your child may unexpectedly need medication during a school day. For those occasions, we must have written parental permission. The School Nurse/School Health Assistant and pertinent comfort measures will be tried first.

**The school nurse/school health assistant has my permission to administer the following nonprescription medication(s):**

Tylenol (Acetaminophen) Medication to reduce pain.....	YES	NO
Advil (Acetaminophen) Medication to reduce pain.....	YES	NO
Maalox/Mylanta (Antacid) Medication for upset stomach.....	YES	NO
Throat Spray/Cough Drops for throat pain/mild coughing.....	YES	NO
Benadryl (Allergic reaction).....	YES	NO
Chlorpheniramine (Antihistamine for seasonal allergies).....	YES	NO

Please indicate if student has had or is currently under treatment for any of the following conditions:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Emotional/Behavior Problems | <input type="checkbox"/> Hepatitis   | <input type="checkbox"/> Infectious Disease   |
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Seizures  | <input type="checkbox"/> Ear/Hearing Problems |
| <input type="checkbox"/> Heart Problems         | <input type="checkbox"/> Migraines Headaches         | <input type="checkbox"/> Tetanus Shot (Last Date: _____)                       |   |
| <input type="checkbox"/> Long-term Medications: |  | <input type="checkbox"/> Hospitalized for serious illness, surgery or accident |   |
| <input type="checkbox"/> Other:                 | Please List:   |  |   |

If, in the opinion of the principal/school nurse or school health assistant, service involving medical action or treatment is required and the parent cannot be contacted for consent, the parents hereby authorize school authorities to obtain medical service for or transport for medical service the above student. Nothing in this section shall be construed to impose liability on any school official or school employee who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Parents are responsible for notifying the school about any changes of information contained on this card.*

**PLEASE RETURN IMMEDIATELY**

FOR DISTRICT USE ONLY	District:	School:
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**NEW MEXICO PUBLIC EDUCATION DEPARTMENT**  
**LANGUAGE USAGE SURVEY**  
 ~for parent or guardian to complete~

The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions. You will complete this form only once in your child's educational career.

Student's Name:	Date of Birth:	Grade Level:
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Answer each question by marking either the **YES** or **NO** box.

	YES	NO
1. Does the student use a language(s) other than English with his/her family and friends?		
2. Do you use a language(s) other than English with the student?		
3. Does the student understand when someone communicates with him/her in a language other than English?		
4. Does the student read in a language(s) other than English?		
5. Does the student write in a language(s) other than English?		
6. Does the student interpret for you or anyone else in a language(s) other than English?		

7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.

<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian	<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish	<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> Other _____
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**OTHER QUESTIONS**

8. Is the student transferring from another state, district, or school?  
 If yes, please provide location and name of school:

9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)?

10. In what language do you prefer to receive communication from the school?

11. In what language would you prefer to communicate with school staff?

12. Is there anything else we should know about how to best serve your child?

Signature of Parent or Guardian:	Date:
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Translator:	Language:	Date:
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**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

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

**Tribal Membership**

The individual with Tribal membership is the (select only one):  child  child's parent  child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_



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Dear Parent/Guardian:

Walatowa High Charter School is participating in a Universal Lunch and School Breakfast Program for the school year 2021-2022. If your children attend Walatowa High Charter School, breakfast and lunch will be available to them at no charge. All students enrolled at this school may participate in the breakfast and lunch program at no charge to them.

Studies have shown that children who are not hungry perform better in school. By providing lunch to all children at no charge, we are hoping to create a better learning environment for our students.

The school breakfasts and lunches that we serve follow U.S. Department of Agriculture guidelines for healthy school meals. The School Breakfast and Lunch Programs cannot succeed without your support; please encourage your children to participate in the school meal programs.

Meals will be served to all students at no charge regardless of the eligibility status.

If you have any questions about the program, please feel free to contact us at #575-834-0443.

Sincerely,

Dr. Arrow Wilkinson  
Superintendent/Principal

### **Non-discrimination Statement:**

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)*

*This institution is an equal opportunity provider.*

## INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

### Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

### Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

### Confidentiality

**Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met.** To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

**However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.**

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

### Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

### **If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire**

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

### **Completing the Form**

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

### **Definitions of Temporary Housing Arrangements**

*"With another family or other person" (also referred to as "doubled-up")*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

*"Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

*"In permanent housing"*

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

### **Next Steps for LEAs with Students Living in Temporary Housing Arrangements**

**If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form.** If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: [http://nche.ed.gov/downloads/briefs/det\\_elig.pdf](http://nche.ed.gov/downloads/briefs/det_elig.pdf).

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

## HOUSING QUESTIONNAIRE

Name of LEA: Walatowa High Charter School

Name of School: Walatowa High Charter School

Name of Student: \_\_\_\_\_

Last

First

Middle

Gender:  Male

Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month* *Day* *Year*

Grade: \_\_\_\_\_  
*(preschool-12)*

ID#: \_\_\_\_\_  
*(optional)*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.**

**Where is the student currently living?** *(Please check one box.)*

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
- In permanent housing

\_\_\_\_\_  
**Print name** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**