

**New Hampshire Continua of Care
CHILD EDUCATION Data Collection Form for HMIS**

(Required for each child by HUD - Minimum)

1. First, Mi. Last Name: _____ 1a. Alias: _____	2. Presently Attending School: <input type="checkbox"/> Yes <input type="checkbox"/> No
(If not attending school) 3. Date of Last Enrollment: __ __ / __ __ / __ __ __ __	(If yes attending school) 4. School Name: _____ 5. Type of School: <input type="checkbox"/> Parochial/Private <input type="checkbox"/> Public
6. Enrollment Barriers: <input type="checkbox"/> None <input type="checkbox"/> Residency Requirements <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Immunizations <input type="checkbox"/> Availability of School Records <input type="checkbox"/> Transportation <input type="checkbox"/> Physical Exam Records <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Lack of Preschools <input type="checkbox"/> Other	

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Date completed: __ __ / __ __ / __ __ __ __

Interviewer Name: _____