

Student Information/Registration Form

To Be Completed by Parent/Guardian:

Student Information

LAST NAME		FIRST NAME	MIDDLE NAME	STUDENT ID #
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)				HOME PHONE NUMBER ()
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER (optional) <input type="checkbox"/> M <input type="checkbox"/> F	NAME, CITY, STATE OF LAST SCHOOL (or current school)	
HEALTH INSURANCE INFORMATION: Does the student have health insurance? <input type="checkbox"/> YES ⇒ If YES, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> NO ⇒ If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				HEALTH ALERT: Any health condition that affects participation in physical activities. <input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? <input type="checkbox"/> YES ⇒ If YES, do you have a copy of the Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO				
ENGLISH LANGUAGE LEARNER (ELL) INFORMATION What is the primary language spoken in the home, regardless of the language spoken by the student? _____ What are the languages most often spoken by the student? _____ If applicable, what language(s) does the student read or write? _____				

Parent/Guardian Information

LAST NAME		FIRST NAME	RELATIONSHIP TO STUDENT
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)		PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: _____ SPOKEN: _____	
HOME PHONE NUMBER ()	WORK/CELL PHONE NUMBER ()		PARENT/GUARDIAN EMAIL

To Be Completed by Enrollment Staff:

Registration (check one): <input type="checkbox"/> New <input type="checkbox"/> Re-admit to NYC DOE (less than 1 year) <input type="checkbox"/> Re-admit to NYC DOE (longer than 1 year) <input type="checkbox"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of New York City school Transfer Request (check one): <input type="checkbox"/> Sibling (ES only) <input type="checkbox"/> Safety <input type="checkbox"/> Child Care (ES only) <input type="checkbox"/> Medical <input type="checkbox"/> Travel (HS only) <input type="checkbox"/> Other (please specify): _____ Notes:	Disposition: _____ Enrolled School Name/DBN Referred to: School Name/DBN 1) _____ 2) _____
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I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

Name/Signature of Parent/Guardian: _____ Date: _____

Name/Signature of Counselor: _____

Additional Comments: _____

STUDENT NAME: LAST

FIRST

DATE:

To Be Completed by Enrollment Staff:

Name of Staff Completing Registration: _____

Documents Presented (Check all that apply)

Proof of residence may be verified by any two of the following:

- Proof of residence must be demonstrated by any two of the following documents, each of which must state the home address
 - A lease agreement, deed or mortgage statement for the residence.
 - A residential utility bill (gas or electric) in the resident's name issued by a utility company (e.g., National Grid or Con Edison)
 - Documentation or letter on letterhead from a federal, state, or local government agency, including the IRS, the City Housing Authority, Human Resources Administration, the Administration for Children's Services (ACS), or an ACS subcontractor or the federal Office of Refugee Settlement, indicating the resident's name and address
 - A current property tax bill for the residence
 - A water bill for the residence dated within the past 90 days
 - Rent receipt which includes the address of the residence.
 - State, city, or other government issued identification; which is not expired and includes the address of residence
 - Income tax form for the last calendar year
 - Official NYS Driver's License or learner's permit which has not expired.
 - Official payroll documentation from an employer such as a pay stub, a form submitted for tax withholding purposes or payroll receipt (a letter on the employer's letterhead is not adequate) which must include the home address.
 - Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers documents issued within the past 60 days with name and address of residence.
 - Parent Affidavit of Residency, if applicable, as per CR A-101
 - Other, specify _____

Proof of Birth: Birth Certificate Passport Record of Baptism, with date of birth Other, specify _____

<input type="checkbox"/> Transcript/Report Card	<input type="checkbox"/> Doctor's Letter	<input type="checkbox"/> Agency Letter
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Occurrence Report	<input type="checkbox"/> Notarized letter from employer
<input type="checkbox"/> IEP (Individualized Education Program)	<input type="checkbox"/> Safety Transfer Summary of Investigation	<input type="checkbox"/> 504 Accommodation Plan
<input type="checkbox"/> Parent Affidavit	<input type="checkbox"/> Safety Transfer Intake Form	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Non-Parent Custodian Affidavit	<input type="checkbox"/> Police Report/Docket #	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Affidavit of Emancipation	<input type="checkbox"/> Court Documentation	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Transfer Form ("T-Form")	<input type="checkbox"/> Notarized letter from child care provider	<input type="checkbox"/> Other (Specify: _____)

**Please refer to Chancellor's Regulation A 101 for a complete list of documents that may be submitted as proof of address and/or proof of birth.*

Interview Notes (Please Include all applicable information):

- School History:** Grade Level, Credits, Test scores, Choice Process participation, Regents/RCTs, Discharge Info, HSAPs Info
- Entitled Services:** Special Education Services, IEP Provided, ELL Services, etc. (based on review of transcript and report card)
- Special Circumstances:** Agency Involvement/Contact, Temporary Housing, Foster Care, etc.
- School Interests:** Parent Preferences, Academic Interests, Requests, Program Interest for Potential ELLs

To be completed by Enrollment Counselor, if applicable:

Indicate if any court order exists which affects a parent's access to the student's records:

Name (first & last): _____ Documentation Presented (court order, etc.): _____

STATUS OF DISPOSITION (Check one): Registered Referred No Action Info Given Pending

Other (Specify): _____

Comments:

STUDENT NAME: LAST _____

FIRST _____

DATE: _____

HOUSING QUESTIONNAIRE

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. **The information you provide is confidential.** Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Note to Schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, **the student is not required to submit proof of residency** and other required documents that may be part of the registration packet. The district cannot disclose housing status information without parental consent.

Student Name			
Last	First	Middle	
OSIS #	Date of Birth (MM/DD/YY)	Gender	School

Please identify the student's current living arrangements. Please check one box:

Check (v)	Housing Questionnaire Choice	School Use Only ATS Code
	Doubled Up With another family or other person because of loss of housing or as a result of economic hardship	D
	Shelter Emergency or transitional shelter	S
	Hotel/Motel Living in what is NOT an emergency or transitional shelter and involves payment	H
	Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
	Permanent Housing Student who is living in a fixed, regular, and adequate housing situation	P

If the student is NOT living in permanent housing, also indicate if the below applies:

	School Use Only
Unaccompanied Youth Youth who is not in the physical custody of a parent or guardian	Enter "Y" if applicable

Parent/Guardian (print)

Parent/Guardian Signature

Date

Please return this form to your child's school as requested.

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH). Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.

This form is accompanied by a one-page attachment titled, "McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth".

The New York City Department of Education
Parent/Guardian Home Language Identification Survey

TO BE COMPLETED BY SCHOOL PERSONNEL
 Please do not place student information sticker on this form

District: _____ Borough: _____ School Number: _____ Date: _____

Student Last Name: _____ Student First Name: _____

Student ID#: _____ Grade: _____ Official Class: _____

RELATIONSHIP OF PERSON PROVIDING INFORMATION FOR SURVEY (check one):
 Mother Father Guardian
 Self (Student 18 years or older) Other (specify): _____

MANDATED INTERVIEW WITH STUDENT AND PARENT (Interview must be in English and, if applicable, the parent's preferred language)
 English Specify home language: _____

Print full names and titles of trained pedagogue(s) conducting interview in English and home language with student and parent:

_____	_____	_____	_____
Last, First Name	Title	Last, First Name	Title
_____	_____	_____	_____
Last, First Name	Title	Last, First Name	Title

If an interpreter other than the above pedagogue(s) is used, print full name and title or relationship to student, if applicable.

Last, First Name Title/Relationship

Check here if over-the-phone Translation & Interpretation Unit services were used in lieu of school-based personnel.

TWO-LETTER OTELE ALPHA CODE

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NYSITELL-ELIGIBILITY
 Print full name and title of trained pedagogue determining NYSITELL eligibility (if student has an IEP, indicate date the *Language Proficiency Team NYSITELL Determination Form* was sent to the Language Proficiency Team). NOTE: Only students whose home language is other than English are eligible for NYSITELL-eligibility determination.

_____	_____
Last, First Name	Title
_____	_____
Signature	Date

Eligible for NYSITELL testing: YES NO
 Check here if this student has an IEP. Date *Language Proficiency Team NYSITELL Determination Form* was sent to LPT: _____

FURTHER SIFE SCREENING
 Is the student eligible for further SIFE screening? (OTELE Code must be other than "NO")
 YES NO

The New York City Department of Education

Parent/Guardian Home Language Identification Survey

Dear Parent or Guardian,

In order to provide your child with the best education possible, we need to determine how well he or she understands, speaks, reads, and writes English. In order to keep you informed, we would like to know your language preference when receiving important information from the school. Your assistance in answering the questions below is greatly appreciated.

Thank you.

PART 1. NYSITELL ELIGIBILITY This information provided below will be used along with other information provided to determine your child's home language and eligibility for the New York State Identification Test for English Language Learners (NYSITELL). Check (✓) the box that applies. If another language is used, please specify.

1. What language(s) does the child <u>understand</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
2. What language(s) does the child <u>speak</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
3. What language(s) does the child <u>read</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not read
4. What language(s) does the child <u>write</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not write
5. What language is spoken in the child's home or residence <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
6. What language does the child speak with parents/guardians <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
7. What language does the child speak with brothers, sisters, or friends <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____

PART 2. PRIOR EDUCATIONAL INFORMATION Responses to these questions will be used for instructional planning. Enter the information for each of the following questions concerning your child.

1. Is this the first time the child has attended a school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, answer questions below:
• Where did he/she go to school?
• How long did he/she attend school?
○ How many hours each day?
○ How many years of school did he/she attend?
• Which language was used for instruction?
• Has there ever been a time when your child missed school for an extended time? If yes, please describe.
2. Has the child attended school in <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, answer questions below:
• Where did he/she go to school?
• How long did he/she attend school?
• Which language was used for instruction?
3. Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what language was used? _____
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., communication board-manual/electronic)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: _____

PART 3. PARENT INFORMATION Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. In what language would you like to receive written information from the school?
2. In what language would you prefer to communicate orally with school staff?

Parent/Guardian Signature _____

Date _____