

Romulus Central School District

# Welcome

## New Student Registration Packet

Please remember,  
we will need a copy of:

- Birth Certificate
- List of Immunizations
- Most Recent Physical

5705 Route 96  
Romulus, NY 14541  
Ph:(866)-810-0345  
F:(607)-869-2121





# YAY! WE ARE GLAD YOU ARE HERE 4PK FRIENDS!



**Has your student had any previous school experience?**

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**How would you describe your student's personality? What are your student's strengths & weaknesses?**

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**What are your student's favorite activities & interests?**

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**Is your student potty trained?**

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**Does your student have any allergies or health concerns?**

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Our 4 year old Pre-k is a full day program (7:50-2:30).  
Transportation is provided for in-district students.  
Thank you for choosing Romulus for the start of your student's educational journey. We are looking forward to a wonderful school year!



# Romulus Central School Student Registration Worksheet

Grade student will be enrolled \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
Last Name
First Name
Middle Name

Sex \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
M/F
Mo
Day
Year

**SPECIAL EDUCATION:** IEP \_\_\_\_ 504 \_\_\_\_ BOCES-If yes, program \_\_\_\_\_

**Did your child receive any of the following services at his/her previous school:**

Speech \_\_\_\_ Occupational Therapy \_\_\_\_ Physical Therapy \_\_\_\_ Counseling \_\_\_\_

**Did student ever attend school in this district?** \_\_\_\_Y \_\_\_\_N grades \_\_\_\_\_

## Home Address

House Number \_\_\_\_\_ APT. \_\_\_\_\_

Street Name \_\_\_\_\_

P.O. BOX \_\_\_\_\_

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

APT. Complex/Development \_\_\_\_\_

## **Student's Ethnicity-Please Circle One**

American Indian/Alaska Native

Asian Native Hawaiian/Pacific Islander

Black White

Hispanic

Country of Birth \_\_\_\_\_

## Family Information

Father	Mother	Stepparent/Guardian	
Name _____	Name _____	Name _____	
Address _____	Address _____	Address _____	
Birthdate ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	Birthdate ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	Birthdate ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
SS# ____-____-____	SS# ____-____-____	SS# ____-____-____	
Employer _____	Employer _____	Employer _____	
Occupation _____	Occupation _____	Occupation _____	
Home phone (if different than student) (____)-____-____	Home phone (if different than student) (____)-____-____	Home phone (if different than student) (____)-____-____	
Work Phone (____)-____-____	Work Phone (____)-____-____	Work Phone (____)-____-____	
Cell Phone (____)-____-____	Cell Phone (____)-____-____	Cell Phone (____)-____-____	
E-mail _____	E-mail _____	E-mail _____	
Date moved into RCS District _____	Date moved into RCS District _____	Date moved into RCS District _____	
Emergency Call Sequence: <u>1 2 3 Don't call</u> <div style="text-align: center; font-size: small;">Circle one</div>	Emergency Call Sequence: <u>1 2 3 Don't call</u> <div style="text-align: center; font-size: small;">Circle one</div>	Emergency Call Sequence: <u>1 2 3 Don't call</u> <div style="text-align: center; font-size: small;">Circle one</div>	
Lives with Yes ____ No ____	Lives with Yes ____ No ____	Lives with Yes ____ No ____	
OK to pick up Yes ____ No ____	OK to pick up Yes ____ No ____	OK to pick up Yes ____ No ____	
Name of all residents at students address	Relationship to Student	Date of Birth	School/Employer

### EMERGENCY INFORMATION

Indicate a phone number other than parents, which may be used in case of an emergency when a parent cannot be reached

EMERGENCY CONTACT	EMERGENCY CONTACT	PHYSICIAN INFORMATION
Name	Name	Doctor
Relationship	Relationship	Office Phone
Home Phone	Home Phone	Office Address
Work phone ext.	Work Phone ext.	
Cell Phone	Cell Phone	Dentist
Address	Address	Office Phone
OK to pick up Yes___ No___	OK to pick up Yes___ No___	Office Address
E-mail	E-mail	

Please list medical/health problems your child may have, if any, such as allergies, physical disabilities, frequent colds, earaches, nose bleeding, asthma....

If entering Kindergarten, please list prior school and child's experience:

Please indicate any additional mailings needed for your child:

Names and addresses:

In case of early dismissal, my child will:

a. Return to home as

usual:\_\_\_\_\_

b. Go to: Name and

address:\_\_\_\_\_

c. Other—please explain completely and clearly\_\_\_\_\_

Marital Status of child parents (Circle):

Married Single Widowed Separated Divorced—Custody\_\_ Mom\_\_ Dad\_\_ Joint\_\_ Other—If Other, please explain:

Custody papers at time of registration? \_\_\_ Yes \_\_\_ No—If no, we will need a copy

If student's parent is deceased, please indicate year of death: Mother\_\_\_\_\_ Father\_\_\_\_\_

Parent/Guardian Signature:

Print

Signature

Date

# Romulus Central School

5705 ROUTE 96  
ROMULUS, NEW YORK 14541-9551

Martin D. Rotz  
Superintendent

Edward J. Ninestine  
School District Treasurer



Christopher M. Puylara  
Principal

Jennifer Bartlett-Prati  
Assistant Superintendent

Michael Pane  
Dean of Students

607-869-5391 1-866-810-0345 607-869-5961(fax) 607-869-2121(fax)

*"Children first, learning always at the school with the BIG ideas!"*

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

Today's date: \_\_\_\_\_

Grade level student will be enrolling: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of previous school: \_\_\_\_\_

Fax number: \_\_\_\_\_

The above named student has enrolled at Romulus Central School. Please send the following school records immediately:

Exit Grades  
Transcript  
Report Cards  
Standardized Test Scores  
Attendance  
IEP/504  
Psychological Reports/Evaluations  
Health Records  
Discipline Records  
Academic Intervention Services/ Records

Please fax or mail the records to:

Paige Salmon  
Registrar/ Secretary  
Romulus Central School District  
5705 State Route 96  
Romulus, NY 14541  
[psalmon@romuluscsd.org](mailto:psalmon@romuluscsd.org)  
Phone # 866-810-0345 Ext. \*315/Fax # 607-869-2121

NOTE: Parental permission is no longer required when records are requested by authorized school personnel (Family Education rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673). Upon entry to our school, parents and students are notified of their rights, (1) to inspect and review education records, (2) to challenge the content of records, and (3) to obtain a copy of records.

In compliance with Section 117.2 of the Regulations of the Commissioner of Education for the state of New York, all new entrants in the Romulus Central School District system will be given a general assessment in the following areas: General intellectual abilities, language, development, and health. These assessments will be conducted in confidentiality with a copy of the results for our personal records. If you have any questions, please feel free to contact our school.

I acknowledge the release of my child's entire school records, which includes cumulative, academic, behavioral, psychological, health, and any additional information that pertains to their education.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## 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.

**NOTE TO SCHOOLS/LEAS:** Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. 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.

## HOUSING QUESTIONNAIRE

Name of LEA: Romulus Central School

Name of School: Romulus Central School

Name of Student: \_\_\_\_\_  
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_  
Month Day Year (preschool-12) (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

If **ANY** box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

**NOTE TO SCHOOLS/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

**ATENCIÓN ESCUELAS Y DISTRITOS:** Ofrezca asistencia a los estudiantes y familias para completar este formulario. Este formulario debería de ser incluido como la primera página de los materiales de inscripción que el distrito comparte con familias. No incluya este formulario en el paquete de inscripción sin advertencias apropiadas. Por ejemplo, tendrá que cambiar partes del paquete de inscripción que requieren que se entreguen prueba de inscripción antes de matricular. Estudiantes elegibles según el Acto de McKinney-Vento, no necesitan entregar prueba de residencia y otros documentos normalmente requeridos antes de matricular.

## CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: \_\_\_\_\_

Nombre de la Escuela: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_  
Apellido Primer Nombre Segundo Nombre

Género: ☐ Hombre Fecha de Nacimiento: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grado: \_\_\_\_ ID#: \_\_\_\_  
☐ Mujer Mes Día Año (jardín de infantes – 12) (opcional)

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

**¿Dónde está el estudiante viviendo actualmente?** (Por favor marque una caja.)

- ☐ En un refugio
- ☐ Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- ☐ En un hotel/motel
- ☐ En un carro, parque, autobús, tren, o camping
- ☐ Otra vivienda temporal (Por favor describa):  
\_\_\_\_\_

☐ En un hogar permanente

\_\_\_\_\_  
**Nombre** de Padre, Guardián, o  
Estudiante (para jóvenes sin acompañamiento)

\_\_\_\_\_  
**Firma** de Padre, Guardián, o  
Estudiante (para jóvenes sin acompañamiento)

\_\_\_\_\_  
**Fecha**

Si CUALQUIER caja que no sea “En un hogar permanente” está marcada, **no se requieren prueba de domicilio** u otros documentos normalmente requeridos para inscripción y **el estudiante debe ser matriculado inmediatamente**. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

**ATENCIÓN ESCUELAS Y DISTRITOS:** Si el estudiante **NO** vive en un hogar permanente, favor de asegurarse que una Formulario de Designación sea completado.

# Dental Health Certificate - Optional

**Parent/Guardian:** Please complete Section 1 and take the form to your dentist/dental hygienist for an assessment. Request your dentist/dental hygienist to fill out Section 2. Return the completed form to your child's teacher as soon as possible.

## Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / /  
Month Day Year

Sex: ☐ Male  
☐ Female

Will this be your child's first visit to a dentist? ☐ Yes  
☐ No

School: Name

Grade

## Section 2. To be completed by the Dentist/Dental Hygienist

### I. Oral Health Status (check all that apply)

☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)?

[A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity?

[At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

### II. Treatment Needs (check all that apply)

☐ **No need for Treatment**

☐ **Urgent Treatment** – abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care** – amalgams, composites, crowns, etc.

☐ **Preventive Care** – sealants, fluoride treatment, prophylaxis, mouthguard etc.

☐ **Other** – periodontal, orthodontic treatments

Please note \_\_\_\_\_

The Dental Health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of exam) Check one:

☐ Yes, The student listed above *is* in fit condition of dental health to permit him/her attendance at the public schools.

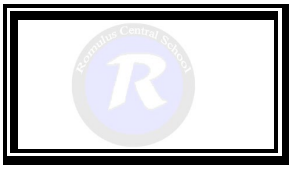
☐ No, The student listed above *is not* in fit condition of dental health to permit him/her attendance at the public schools.

Dentist's Name and Address (Please Print or Stamp):

Dentist/Dental Hygienist Signature:

Date of Exam: / /

\* The dental health condition of the student when the exam is made and the date of exam shall not be more than 12 months prior to the commencement of the school year in which the exam is requested.



*Romulus Central School District*  
**STUDENT RACIAL AND ETHNIC IDENTIFICATION**



To the Parent/Guardian:

The *Romulus Central School District* has adopted a policy which requires the collection and recording of the ethnic identity of students in the *Romulus Central School District* in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check ( ✓ ) in the box for the category or categories which best describe your child. The *Romulus Central School District* understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school

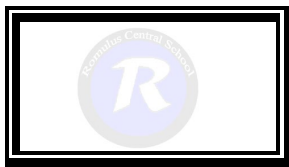
**CONFIDENTIALITY PROCEDURES AND REGULATIONS**

To School Staff: This form will be filed in the student's permanent record as confidential information

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

Please complete the form on the reverse side of this page



*Romulus Central School District*  
**STUDENT RACIAL AND ETHNIC IDENTIFICATION**



**English Only**

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

**Name of School:**

**ROMULUS CENTRAL SCHOOL DISTRICT**

**School District Student Identification Number:**

**Date of Birth (Month/Day/Year):**

/ /

**Student Name: Last, First, Middle:**

**Grade Level:**

**DIRECTIONS TO PARENT/GUARDIAN**

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

- 1. Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- ☐ **YES, Hispanic**  
☐ **NO, not Hispanic**

- 2. Select one or more races from the following five racial groups** [For question (2) Check (✓) all groups that apply to your child; check (✓) at least ONE box.]:

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **BLACK:** A person having origins in any of the black racial groups of Africa
- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

Relationship to Student (please check one box below):

- ☐ Mother      ☐ Father      ☐ Guardian      ☐ Other (Specify): \_\_\_\_\_

**See reverse for important message to Parents/Guardians  
and Confidentiality Procedures and Regulations.**



## Home Language Questionnaire (HLQ)

Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled *Language Background* and *Educational History*. Your assistance in answering these questions is greatly appreciated.

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

GENDER:

☐ Male  
☐ Female

Month Day Year

PARENT / GUARDIAN INFO:

COMPLETE NAME:

**Language Background**

(Please check all that apply)

1. What language(s) is (are) spoken in the student's home or residence? ☐ English ☐ Other Specify: \_\_\_\_\_
2. What was the first language your child learned? ☐ English ☐ Other Specify: \_\_\_\_\_
3. What is the Home Language of each parent/guardian? Mother: \_\_\_\_\_ Father: \_\_\_\_\_
4. What language(s) does your child understand? ☐ English ☐ Other Specify: \_\_\_\_\_
5. What language(s) does your child speak? ☐ English ☐ Other Specify: \_\_\_\_\_ ☐ Does not Speak
6. What language(s) does your child read? ☐ English ☐ Other Specify: \_\_\_\_\_ ☐ Does not Read
7. What language(s) does your child write? ☐ English ☐ Other Specify: \_\_\_\_\_ ☐ Does not Write

**Educational History**

8. Indicate the total number of years that your child has been enrolled in school (K through 12 only): \_\_\_\_\_
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language?  
☐ Yes ☐ No ☐ Not Sure If yes, please describe them: \_\_\_\_\_  
How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe
- 10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes (\*please complete 10b below)
- 10b. If referred for an evaluation, has your child ever received any special education services in the past? ☐ No ☐ Yes  
Type of services received: \_\_\_\_\_  
Age at which services received (please check all that apply):  
☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)
- 10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talent, health concern, etc.)  
\_\_\_\_\_
12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

Signature of Parent or Guardian

Relationship to student: ~~Relationship to student: \_\_\_\_\_~~

☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

**OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ**

District Name/School & Address:		Student ID:
Name/Position of Qualified Personnel Reviewing HLQ/Conducting Interview:		Oral Interview Necessary? <input type="checkbox"/> Y <input type="checkbox"/> N
Date of Individual Interview:	Outcome of Interview: <input type="checkbox"/> Administer NYSITELL <input type="checkbox"/> English Proficient <input type="checkbox"/> Refer to Language Team	
Date NYSITELL Administered:	Proficiency Level Achieved <input type="checkbox"/> Entering <input type="checkbox"/> Emerging <input type="checkbox"/> Transitioning <input type="checkbox"/> Expanding <input type="checkbox"/> Commanding	
For students with disabilities, list accommodations, if any, administered in accordance with IEP pursuant to CSE Recommendation:		

## Romulus Central School

5705 ROUTE 96  
ROMULUS, NEW YORK 14541-9551



Martin D. Rotz  
Superintendent

Edward J. Ninestine  
School District Treasurer

Christopher M. Puylara  
Principal

Jennifer Bartlett-Prati  
Assistant Superintendent

Michael Pane  
Dean of Students

607-869-5391 1-866-810-0345 607-869-5961(fax) 607-869-2121(fax)

*"Children first, learning always at the school with the BIG ideas!"*

The Romulus Central School district is committed to meeting the needs of students with different learning styles. Referrals to the Committee on Special Education (CSE) can be made by teachers, parents, or physicians. The CSE is appointed by the Board of Education to conduct comprehensive evaluations for students who have been referred to the CSE. If the information gathered during the evaluation supports classification according to New York State Education Law, the CSE will then develop an Individualized Educational Plan (IEP) to address the unique learning needs of the student. It is important to note that not all students who are experiencing school difficulties are eligible for special education services.

Once a student is identified with a documented disability by mandated criteria, our special education services provide for the individual needs of the student including academic, social, physical, and management needs. These are provided with the goal of serving the student in the least restrictive environment. In the Romulus Central School District, the first consideration is education of students with disabilities in general education in their home school. There are a percentage of students whose educational needs can only be met in a program operated by Wayne Finger Lakes BOCES.

Preschool age children may also be eligible for special education services, through a similar process overseen by the Committee on Preschool Special Education (CPSE). Educational programs and services for preschool children with disabilities from the ages of three to five are the responsibility of the school district in which the child resides in accordance with New York State Education Law. There are also birth to age two services provided by the county of residence.

The Romulus Central School District, in compliance with the Regulations of the Commissioner of Education and Education Law, is required to locate all children with disabilities within its jurisdiction under the age of twenty-one. Children of preschool age and children in all public and private agencies and institutions must be identified, located, and evaluated in the district in which they reside. If you suspect your child(ren) ages 3-21 of having a disability and are not receiving special education services, please contact the following individuals:

Mrs. Kathy Stuck

CSE Chairperson/CPSE Chairperson

Phone: 1-866-810-0345 Ext. \*314

[kstuck@romuluscsd.org](mailto:kstuck@romuluscsd.org)

Information regarding the referral process for special education services can also be found on the following website: <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

ADA Compliant



**Romulus Central School District Committee on Special Education**

5705 Route 96

Romulus, NY 14541

(866-810-0345 Ext. 314)

**Medicaid Consent**

Student Name \_\_\_\_\_ Medicaid CIN# \_\_\_\_\_

This is to ask your permission (consent) to bill your or your child's Medicaid insurance program for special education and related services that are on your child's individualized education program (IEP).

This consent allows the school district to bill for covered health-related services, and to release information to the school district's Medicaid Billing Agent for that purpose.

I, \_\_\_\_\_ as the parent/guardian of \_\_\_\_\_, have received a written notification from the school district that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the school district may access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid;
- I have the right to withdraw consent at any time; and
- The school district must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared.

<i>Records to be shared (such as records or information about services your child receives)</i>	
IEP	Medication Administration Report
Written Order/ Referral	Special Transportation Log
Evaluation Reports	Other Personally Identifiable information
Session Notes	Any Other Specific Records Pertaining to the Student's Services or Program

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/ Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please note, this has no bearing on your Medicaid reimbursement. It helps to offset the cost of the related services to your child.



## IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

**Please take a few minutes to complete this questionnaire.**

**Has anyone in your family worked or looked for work at the following occupations during the past 3 years?**

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



**If you answered YES, please provide your contact information below:**

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) Best time to be reached: \_\_\_\_\_ AM/PM

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

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**

**OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES**

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, **sin importar su nacionalidad o estado legal**. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito en la escuela, excursiones, programa de verano, actividades de involucramiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

**Por favor tome unos minutos para completar este cuestionario.**

**¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 3 años?**

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.



**Si usted contestó que sí, por favor complete la siguiente información:**

Nombre del Padre/Encargado: \_\_\_\_\_

Dirección Física: \_\_\_\_\_

Teléfono: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Mejor tiempo para ser contactado \_\_\_\_\_ AM/PM

Dirección anterior: \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_ Edad \_\_\_\_\_ Grado \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_ Edad \_\_\_\_\_ Grado \_\_\_\_\_

**Para someter este referido, por favor envíelo por fax a 607-436-3606, o por correo a NYS Migrant Education Program- Identification & Recruitment Office 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020**

**Romulus Central School**  
**Department of Transportation**  
5705 Main Street Romulus, N.Y. 14541  
866-810-0345 or 607-869-5391 Extension 310  
Transportationgroup@romuluscsd.org

**Request for Student Transportation**

Date Received: \_\_\_\_\_

**New Request:**\_\_\_\_\_ **Update or Change:**\_\_\_\_\_ **No Transportation Needed:**\_\_\_\_\_

**Student Information**

Name:	Entering Grade:
Home Address:	Apartment or Lot Number:

**Parent/Guardian Information**

Name:	Name:
Address:	Address:
Primary Phone Number:	Primary Phone Number:
Secondary/Work phone Number:	Secondary/Work phone Number:
Resides with Student: Yes No	Resides with Student: Yes No

**Other Household Information**

Name of all Family Members:	Relationship to Student:	Age or Grade

**Transportation Information:**

Morning Pick Up Location/Address:	Afternoon Drop Off Location/Address:

**Please circle the appropriate days the student will need transportation at this location**

<b>AM</b>  <b>M T W T H F</b>	<b>PM</b>  <b>M T W T H F</b>
-------------------------------------	-------------------------------------

Names of any persons that may pick up, or receive student at the bus stop:	Relationship to Student:	Names of any persons that CAN NOT pick up, or receive student at the bus stop:	Other pertinent information relating to student transportation and or safety:

**In case of early dismissal, please have my student follow this procedure:**

Return home as usual: \_\_\_\_\_

Go to: Name and Address \_\_\_\_\_

Drop off location \_\_\_\_\_

Other: Please Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_