

EDGEMONT UFSD

STUDENT REGISTRATION – KINDERGARTEN 2024/2023

- THIS FORM IS FOR STUDENTS WITH RESIDENCY DOCUMENTS ON FILE -

Child's Last Name: _____ First Name: _____ MI: _____

☐ MALE ☐ FEMALE Date of Birth: ____/____/____ Place of Birth: _____

Census Data:

Race/Ethnicity (check all that apply):

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ White

☐ Black or African American

☐ Multi-racial

☐ Hispanic/Latino

Parent/Guardian #1: Last Name: _____ First Name: _____

Address: _____ City, State and Zip Code: _____

Telephone (Home): _____ (Cell): _____ (Work): _____

Email Address (#1): _____ (#2): _____

Parent/Guardian #2: Last Name: _____ First Name: _____

Address: _____ City, State and Zip Code: _____

Telephone (Home): _____ (Cell): _____ (Work): _____

Email Address (#1): _____ (#2): _____

Are there siblings currently enrolled in the Edgemont School District? Indicate which school they are currently attending:

| | Last Name | First Name | Grade | Seely | Greenville | Edgemont Jr./Sr. High School |
|---|-----------|------------|-------|-------|------------|------------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

I (We) affirm that the information provided on this form is true and correct.

Date

Parent /Guardian Signature

Office use: () birth certificate or passport () current utility bill () HLQ

Notes:

Approved: _____ Date: _____



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lisette Colon-Collins, Assistant Commissioner
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Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear 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. Thank you.

| Please write clearly when completing this section. | | |
|--|------------|---------------------------------|
| STUDENT NAME: | | |
| First | Middle | Last |
| DATE OF BIRTH: | | GENDER: |
| Month | Day | Year |
| | | <input type="checkbox"/> Male |
| | | <input type="checkbox"/> Female |
| PARENT/PERSON IN PARENTAL RELATION INFO: | | |
| | | |
| Last Name | First Name | Relation to Student |

HOME LANGUAGE CODE

| Language Background (Please check all that apply.) | | |
|--|---|---|
| 1. What language(s) is(are) spoken in the student's home or residence? | <input type="checkbox"/> English | <input type="checkbox"/> Other <u>specify</u> |
| 2. What was the first language your child learned? | <input type="checkbox"/> English | <input type="checkbox"/> Other <u>specify</u> |
| 3. What is the Home Language of each parent/guardian? | <input type="checkbox"/> Mother <u>specify</u> | <input type="checkbox"/> Father <u>specify</u> |
| | <input type="checkbox"/> Guardian(s) <u>specify</u> | |
| 4. What language(s) does your child understand? | <input type="checkbox"/> English | <input type="checkbox"/> Other <u>specify</u> |
| 5. What language(s) does your child speak? | <input type="checkbox"/> English | <input type="checkbox"/> Other <u>specify</u> <input type="checkbox"/> Does not speak |
| 6. What language(s) does your child read? | <input type="checkbox"/> English | <input type="checkbox"/> Other <u>specify</u> <input type="checkbox"/> Does not read |
| 7. What language(s) does your child write? | <input type="checkbox"/> English | <input type="checkbox"/> Other <u>specify</u> <input type="checkbox"/> Does not write |

| THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED: | |
|--|---|
| SCHOOL DISTRICT INFORMATION: | STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM: |
| District Name (Number) & School | |
| Address | |

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

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? If yes, please describe them.

Yes* No Not sure

☐ ☐ ☐ *If yes, please explain: _____

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 talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW: _____

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

- ☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION: _____

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

- ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: