



1 Marauder Boulevard  
New York Mills, NY 13417

(315) 768-8129  
FAX (315) 768-3396

### Release of Information

Student's Name \_\_\_\_\_

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

In regard to the above-named student, I authorize the New York Mills School District to obtain information from and release information to the following:

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

This information includes medical, psychiatric, psychological, educational, and other pertinent data.

Parent/Guardian's Name (Print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

*This authorization expires one year from date of signature*

## Residency

The District seeks documentation to verify that the child to be enrolled resides with the parent or person in parental relation, and that the parent or person in parental relation maintains a physical presence in the District that qualifies as a residence.

To establish that the adult maintains a residence in the District, the District first requests this documentation, which may include, but will not be restricted to:

- A copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;
- A statement signed by a third-party landlord, owner, or tenant from whom the parents or person(s) in parental relation leases or with whom they share property within the District, which may be sworn.
- Some other signed statement from a third party establishing the parent(s) or person(s) in parental relation's physical presence within the District.

If these forms of documentation are not available, the District will accept for review other forms of documentation of residency, including but not limited to:

- Pay stub;
- Income tax form;
- Utility or other bills;
- Membership documents based on residency
- Voter registration documents;
- Official driver license, learner permit, or non-driver identification;
- State or other government issued identification or documents relating to government services or benefits;
- Documents issued by federal, state or local agencies (e.g. local social service agency, federal Office of Refugee Resettlement); or
- Evidence of custody of the child, including, but not limited to judicial custody orders or guardianship papers.

The District may also require the parent(s) or person(s) in parental relation to provide an affidavit either: (1) indicating that they are the parent(s) with whom the child lawfully resides; or (2) indicating that they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control, whether through guardianship or otherwise. The District may also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency. The District will not require submission of a judicial custody order or an order of guardianship as a condition of enrollment.

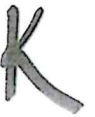
From time to time, the media may attend a school performance and/or other school activity, and we need your permission to have your child photographed and/or videotaped for media use throughout his/her education. Please indicate your wishes on the appropriate line below.

Yes, You may include my child \_\_\_\_\_ No, I DO NOT \_\_\_\_\_ grant permission for my child to be photographed or videotaped for newspaper, TV, social media or any other media use throughout his/her education at New York Mills Union Free School District.

I hereby declare under penalty of perjury that the information provided on this form is accurate and truthful to the best of my knowledge. I understand that the provision of false information may result in the exclusion of my child (ren) from attendance at the New York Mills School District, the demand by the District for the payment of tuition, and/or the institution of any other appropriate legal action available to the District.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# NEW YORK MILLS ELEMENTARY SCHOOL KINDERGARTEN REGISTRATION PACKET



Pupil's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_\_

Address (Street, City, Zip) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_ White \_\_\_\_ Hispanic \_\_\_\_ Black \_\_\_\_ Asian Oriental/Pacific Islander \_\_\_\_ American Indian/Alaskan Native

Father's Name	Year Born	Birthplace	Education (# of Years)	Father's Employer Name, Address and Phone #
Mother's Name	Year Born	Birthplace	Education (# of Years)	Mother's Employer Name, Address and Phone #

Father's email address: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Is there another language other than English spoken in the home? \_\_\_\_\_ If so, what and who speaks it, \_\_\_\_\_

Are both parents living together in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

If not, complete the following information on the other parent: Name \_\_\_\_\_

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

Child(ren) Custody:

Who has custody/guardianship? \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Type \_\_\_\_\_

List siblings (name, birth date): \_\_\_\_\_

List anyone else living in household (name, relationship): \_\_\_\_\_

School previously attended: \_\_\_\_\_

Has your child ever received Special Ed/Remedial Services? (If so, please describe) \_\_\_\_\_

FOR OFFICE USE ONLY:

Teacher \_\_\_\_\_ Room # \_\_\_\_\_ Bus # AM \_\_\_\_\_ PM \_\_\_\_\_

Copy of: \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Shot Records \_\_\_\_\_ Residency \_\_\_\_\_ Custody \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION (*other than parent*)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Authorized to pick up student: Yes or No (circle one)

Authorized to contact in case of medical emergency: Yes or No (circle one)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Authorized to pick up student: Yes or No (circle one)

Authorized to contact in case of medical emergency: Yes or No (circle one)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Authorized to pick up student: Yes or No (circle one)

Authorized to contact in case of medical emergency: Yes or No (circle one)

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## HEALTH INFORMATION

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Does your child have a life threatening health problem such as:

Asthma/Diabetes/Seizure Disorder/Food Allergies/Other Allergies/Other

Please explain:

Does your child take medication? Yes or No (circle one) Name of medication: \_\_\_\_\_

Is there any other medical or personal information that the school personnel should be aware of:

New York Mills Union Free School  
1 Marauder Blvd.  
New York Mills, New York 13417

# STUDENT HEALTH HISTORY UPDATE

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Grade:	Home Phone:	Date:
	Cell Phone:		

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Been hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

**CHECK ALL THAT APPLY TO YOUR CHILD:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADHD                     | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS) | <input type="checkbox"/> Scoliosis  |
| <input type="checkbox"/> Asthma/trouble breathing | <input type="checkbox"/> Headaches/migraines                | <input type="checkbox"/> Single Organ ( <input type="checkbox"/> kidney, <input type="checkbox"/> testicle) |
| <input type="checkbox"/> Autism/Asperger          | <input type="checkbox"/> Heart Conditions                   | <input type="checkbox"/> Skin Condition   |
| <input type="checkbox"/> Dental Injuries          | <input type="checkbox"/> High Blood Pressure                | <input type="checkbox"/> Speech Condition   |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Mental Health Condition            | <input type="checkbox"/> Urinary Condition  |
| <input type="checkbox"/> Ear Infections           | (depression, eating disorder, anxiety, OCD, ODD, etc.)      |   |

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐ No ☐ Yes: \_\_\_\_\_

Please list any additional concerns: (use back of sheet if necessary) \_\_\_\_\_

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

**Denise DiSpirito**  
K-12 Principal  
(315) 768.8129  
ddispirito@new-yorkmills.org



BOARD OF EDUCATION

President

*Vice President*

Jeremy Fennell

Kimberly Gyore

Robert Mahardy, Jr.

[illegible]

**1. Did the school district issue your child a dedicated school or district-owned device for their use during the school year?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**2. What device does your child use most often to complete learning activities away from school?  
Please circle one of the choices below.**

Desktop      Laptop      Tablet      Chromebook      Smart phone      None

**3. Who provides the device for your child to use that you identified in Question 2?**

School District      Personal/Family      No Device

**4. Is the device identified in Question 2 shared with anyone else in the home?**

Yes\_\_\_\_\_ No\_\_\_\_\_ No Device used\_\_\_\_\_

**5. Is the device identified in Question 2 sufficient for your child to fully participate in all learning activities away from school?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**6. Is your child able to access the internet at home?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**7. What is the primary type of internet service used at home? Please circle one of the options below.**

Cable      Cellular      Hotspot      Community WiFi  
Satellite      Other      None

**8. Can your child complete the full range of learning activities at home, including video streaming and uploading assignments, without interruptions caused by slow or poor internet performance?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**9. What, if any, is the primary barrier to having sufficient and reliable internet access at home?**

Availability\_\_\_\_\_ Cost\_\_\_\_\_ None\_\_\_\_\_ Other\_\_\_\_\_



New York Mills  
Union Free School District

Request for Permission to Access  
The SchoolTool Parent Portal

My name (please print): \_\_\_\_\_

I am a parent, guardian, or person in parental relation, of a student in the New York Mills Union Free School District ("District"), namely:

\_\_\_\_\_

If more than one student, check here \_\_\_\_ and add names on the back.

I request that the District provide me with a **login password** that will allow me to access information about my student's school performance, including classes, teacher names, attendance, grades, and discipline. I understand that this information is stored in a database called SchoolTool, which is maintained by the District with support from the Mohawk Regional Information Center of the Madison-Oneida BOCES. In return for the District providing me with a login password, I agree to the following Terms of Network Access:

Please initial each item to acknowledge it, and sign on the back.

\_\_\_\_\_ I will maintain a valid e-mail address that the District may use to send me the login password and other messages about SchoolTool or my child. My present e-mail address for this purpose is:

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ I will only attempt to view information about the student(s) listed above. I will not attempt to "hack", manipulate, or otherwise try to evade the security measures to access information regarding any other person.

\_\_\_\_\_ I will not intentionally transfer to the SchoolTool network any virus, Trojan horse, or other malicious computer code.

\_\_\_\_\_ If granted the ability to enter data into my child's record, I will only enter accurate information.

\_\_\_\_\_ I understand that the District's use of the SchoolTool network is supported by technical assistance from the Mohawk Regional Information Center, Mindex Inc., and possibly other consultants, and that employees of the entities are instructed to keep confidential any personally-identifiable information, including educational records, they may see in the performance of their duties. I consent to the disclosure of information about me or the student(s) listed



above under these circumstances.

\_\_\_\_\_ I understand that all information stored in the SchoolTool database remains the property of the District, and may be accessed, examined, or modified by the District or its vendors at any time.

\_\_\_\_\_ I understand that the SchoolTool network may record and retain information about when and how I use SchoolTool through the Parent Portal, and that this information is the property of the District and subject to review by the District.

\_\_\_\_\_ I agree that I will **not disclose my login password** to any other person, not even other people in my family or household. **I accept responsibility for all actions that are performed by anyone gaining access to the SchoolTool network using the login password assigned to me.**

\_\_\_\_\_ I understand that the District retains the discretion to block my access to SchoolTool whenever it has reasonable suspicion to believe that I have violated one of the foregoing Terms of Network Access.

Signature of Parent/Guardian/Person in Parental Relation

\_\_\_\_\_

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

Additional Student(s):

\_\_\_\_\_

For District Use Only

Received By: \_\_\_\_\_

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

Login Sent By: \_\_\_\_\_

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



# NEW YORK STATE MIGRANT EDUCATION PROGRAM

## IDENTIFICATION & RECRUITMENT OFFICE

### 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 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 answer 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 518-289-5623, or by mail to NYS Migrant Education Program-  
Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.



## SOCIAL AND PHYSICAL DEVELOPMENT OF YOUR KINDERGARTENER

Has child complete bowel control? Yes \_\_\_\_\_ No \_\_\_\_\_

Has child complete bladder control? Yes \_\_\_\_\_ No \_\_\_\_\_

Cares for self at toilet: Yes \_\_\_\_\_ No \_\_\_\_\_ Not always \_\_\_\_\_

Sleeps: Soundly \_\_\_\_\_ Lightly \_\_\_\_\_

Is your child finicky about foods? Yes \_\_\_\_\_ No \_\_\_\_\_

Beverages enjoyed daily: Milk \_\_\_\_\_ Cocoa \_\_\_\_\_ Tea \_\_\_\_\_ Coffee \_\_\_\_\_ Soft Drinks \_\_\_\_\_

Dresses self without help: Yes \_\_\_\_\_ No \_\_\_\_\_

Ties own shoes: Yes \_\_\_\_\_ No \_\_\_\_\_

Prefers to play Alone \_\_\_\_\_ With one child \_\_\_\_\_ With several \_\_\_\_\_

Plays group games outdoors: Tag \_\_\_\_\_ Hide-go-seek \_\_\_\_\_ Soccer \_\_\_\_\_ Hopscotch \_\_\_\_\_

Other \_\_\_\_\_

Manages play with: Wagon \_\_\_\_\_ Sled \_\_\_\_\_ Tricycle \_\_\_\_\_ Skates \_\_\_\_\_ Other \_\_\_\_\_

Prints name: Yes \_\_\_\_\_ No \_\_\_\_\_ Handedness: R \_\_\_\_\_ L \_\_\_\_\_

Uses crayons: Yes \_\_\_\_\_ No \_\_\_\_\_ Handedness: R \_\_\_\_\_ L \_\_\_\_\_

Uses scissors: Yes \_\_\_\_\_ No \_\_\_\_\_ Handedness: R \_\_\_\_\_ L \_\_\_\_\_

### Enjoys:

Books \_\_\_\_\_ Stories read \_\_\_\_\_ Radio \_\_\_\_\_ Music \_\_\_\_\_ Television \_\_\_\_\_

### Traits:

Cheerful \_\_\_\_\_ Sullen \_\_\_\_\_ Shy \_\_\_\_\_ Forward \_\_\_\_\_ Excitable \_\_\_\_\_ Nervous \_\_\_\_\_

### Problems:

Temper-tantrums \_\_\_\_\_ Destructive \_\_\_\_\_ Lies \_\_\_\_\_ Steals \_\_\_\_\_ Disobedient \_\_\_\_\_ Worries \_\_\_\_\_

Inattentive \_\_\_\_\_ Cries easily \_\_\_\_\_ Bites Nails \_\_\_\_\_ Stutters \_\_\_\_\_

### Fears:

Strangers \_\_\_\_\_ Doctors \_\_\_\_\_ Police \_\_\_\_\_ Dogs \_\_\_\_\_ Being left alone \_\_\_\_\_ Punishment \_\_\_\_\_

Rivalry of baby \_\_\_\_\_ Thunderstorms \_\_\_\_\_ Darkness \_\_\_\_\_

Remarks \_\_\_\_\_



1 Marauder Boulevard  
New York Mills, NY 13417

(315) 768-8129  
FAX (315) 768-3396

## NEW YORK MILLS ELEMENTARY SCHOOL STUDENT RESIDENCY QUESTIONNAIRE

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

Last

First

Middle

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

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 the 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 presently 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





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

Lissette Colon-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
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

☐ Male  
☐ 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?

☐ 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

☐ Guardian(s)

specify

specify

specify

4. What language(s) does your child understand?

☐ English ☐ Other

specify

5. What language(s) does your child speak?

☐ English ☐ Other

☐ Does not speak

specify

6. What language(s) does your child read?

☐ English ☐ Other

☐ Does not read

specify

7. What language(s) does your child write?

☐ English ☐ Other

☐ Does not write

specify

### 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:



**NEW YORK MILLS ELEMENTARY SCHOOL**  
**1 Marauder Blvd., New York Mills, NY 13417**  
**BUS TRANSPORTATION REQUEST**

Transportation is provided to every student within the school district. Fill in the child's name, home address, and phone number. PLEASE give exact address of the pick up and drop off location (box or house number, etc.) and/or any information that would be helpful in identifying the house.

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

The above address is where my child will be picked up and dropped off. \_\_\_\_ Yes \_\_\_\_ No  
(If no, please complete bottom portion of form)

Grade \_\_\_\_\_ Date \_\_\_\_\_

I WILL TRANSPORT MY CHILD (No bus needed) \_\_\_\_\_ AM \_\_\_\_\_ PM

\*\*\*\*\*

*If you need special busing for your child (Babysitter, Daycare Center, etc.), please fill out the information below:*

**Bus pick up at:**

Resident's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

**Bus drop off at:**

Resident's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

**WE DO NOT PROVIDE TRANSPORTATION OUTSIDE OF THE DISTRICT**



1 Marauder Blvd  
New York Mills, NY 13417

315-768-8129  
Fax 315-768-3396

**PARENT COPY - PLEASE KEEP FOR YOUR RECORDS**

Attendance Office  
315-768-3378  
[hsattendance@newyorkmills.org](mailto:hsattendance@newyorkmills.org)

Please call or e-mail the attendance office between the hours of 7:30 am – 3:30 pm when your student(s) will be:

Tardy  
Absent

When calling or e-mailing, please state name of student (first and last), reason for absence, name of person calling, when the student(s) will be in if tardy or be returning if absent.

**A WRITTEN EXCUSE MUST BE PROVIDED FOR EACH  
LATE ARRIVAL AND ABSENCE.**

**Parents keep this for your record.**