CLARENCE CENTRAL SCHOOLS

SCHOOL: _____ TODAY'S DATE: _____

GRADE: _____ ENTRANCE DATE: _____

STUDENT #: _____ FAMILY #: _____

Office Use Office Use

PLEASE BRING THE CHILD'S BIRTH CERTIFICATE, IMMUNIZATION RECORDS, ALL SCHOOL RECORDS AND PROOF OF RESIDENCE AT THE TIME OF REGISTRATION.

IF APPLICABLE, PLEASE PROVIDE ANY LEGAL OR CUSTODY PAPERWORK

PUPIL INFORMATION

- Student's Name: _____
  LAST FIRST FULL MIDDLE NAME
- By what name do you wish this child called in school? _____
- Birth date: ____/____/____ Birth place: _____ Gender: ❑ M ❑ F
  (CITY, STATE)
- Your Address In Our School District: _____
  NUMBER STREET APT. # or PO BOX

  _____
  TOWN STATE ZIP CODE
- Telephone # _____
- If you are not yet a Clarence Resident, what is the date you will be moving in? _____

  Current address _____

  Current phone _____
- Does the child reside with both parents? ❑ Yes ❑ No
- If no, whom does the child reside with? _____
- If parents are divorced or separated, who has residential custody? _____
  (DOCUMENTATION IS REQUIRED)
- Other pertinent information: _____
- Has this child ever attended Clarence Schools before? ❑ Yes ❑ No
- If yes, name(s) of school(s) attended: _____
- Date student first attended New York State Schools: _____
- Was your child born in the United States? ❑ Yes ❑ No *(if NO, answer questions below)*
  - What country was your child born in? _____ City: _____ Province/Region: _____
  - What language is primarily spoken at home? _____
  - Date of entry into the United States ____/____/____
  - Date your child first started school in the United States? ____/____/____ Grade _____
  - Number of years in United States Schools? _____

PARENT/GUARDIAN INFORMATION (WITH WHOM STUDENT LIVES)

Adult #1: _____

LAST NAME | FIRST NAME | MIDDLE NAME

ADDRESS | CITY | STATE | ZIP CODE

TELEPHONE | HOME | CELL | WORK | EXT.

EMAIL ADDRESS

EMPLOYER | OCCUPATION

- Relationship to this child: ❑ Parent ❑ Stepparent ❑ Guardian ❑ Foster Parent ❑ Other_____
- Check Salutation: ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr. ❑ Other_____

Adult #2: _____

LAST NAME | FIRST NAME | MIDDLE NAME

ADDRESS | CITY | STATE | ZIP CODE

TELEPHONE | HOME | CELL | WORK | EXT.

EMAIL ADDRESS

EMPLOYER | OCCUPATION

- Relationship to this child: ❑ Parent ❑ Stepparent ❑ Guardian ❑ Foster Parent ❑ Other_____
- Check Salutation: ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr. ❑ Other_____

IF AN EXTRA MAILING IS REQUIRED, PLEASE FILL OUT THIS PORTION.

LAST NAME | FIRST NAME | MIDDLE NAME

ADDRESS | CITY | STATE | ZIP CODE

TELEPHONE | HOME | CELL | WORK | EXT.

EMPLOYER | OCCUPATION

- Relationship to this child: ❑ Parent ❑ Stepparent ❑ Guardian ❑ Foster Parent ❑ Other_____
- Check Salutation: ❑ Mr. & Mrs. ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr. ❑ Other_____

SIBLING INFORMATION

- Please list children under the age of 21 who reside in household.

Gender	Name (FIRST, MIDDLE, LAST)	Birth Date	Grade	School to Attend

RACIAL / ETHNIC GROUP

DIRECTIONS TO PARENT/GUARDIAN
YOU MUST ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

1. Check the box that best describes your child. Check only ONE box.
   Is the student Hispanic, Latino, or of Spanish origin? (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.** (Check all groups that apply to your child; check at least ONE box):

   ❑ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

   ❑ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.

   ❑ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

   ❑ **AMERICAN INDIAN OR ALASKA NATIVE** (including Hispanic as described above): A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

   ❑ **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.

EMERGENCY CONTACT INFORMATION (IF PARENTS CANNOT BE REACHED)

Name / Address: _____

Telephone: _____ Relationship to Student: _____

Family Physician: _____ Telephone: _____

REQUEST FOR RECORDS

Student Name: _____
LAST FIRST MIDDLE

Previous School Attended: _____ ❑ Public ❑ Private

Address: _____
NUMBER STREET

_____
CITY/TOWN STATE ZIP

Telephone Number: _____ Fax Number: _____

I give my permission for confidential reports, school and health records to be released for this child.

_____ _____
Parent / Guardian Signature Date

Office Use Only

Birth Certificate Shown: ❑ Passport Shown: ❑ Other: _____

Immunization Record: ❑

Signature: _____

McKINNEY-VENTO ACT

If you reside with relatives or others due to loss of housing economic hardship or similar reason or in a shelter, car, park, public space, abandoned building, camp-site, motel, substandard housing, bus or train station or similar setting; if you are abandoned in a hospital or are awaiting foster care placement; or have a primary night time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation or in any other temporary living situation because you cannot afford housing, you or your child may be eligible for services. Please contact our homeless liaison by calling: (716) 407-9244.

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.

HOUSING QUESTIONAIRE

*Please check **one** box, print name and sign.*

Where is the student currently living?

- ❑ In permanent housing (homeowner, lease, rental)
- ❑ 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): _____

Signature _____ Date _____

Clarence Central School District

9625 Main Street, Clarence, New York 14031
(716) 407-9100

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we are required by New York State to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete sections 1, 2 and 3 below. Please print clearly. Thank you.

Section 1: Student Information

Student Name: _____
Last First Middle

Gender: ☐ Male ☐ Female

Date of Birth: _____
Month Day Year

Parent/Guardian Name: _____
Last First

Relation to student: _____

Section 2: 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

3a. Mother:
- Home Language: ☐ English ☐ Other _____ specify
- Preferred Language: ☐ English ☐ Other _____ specify
- Mode of Communication: ☐ Written ☐ Oral

3b. Father:
- Home Language: ☐ English ☐ Other _____ specify
- Preferred Language: ☐ English ☐ Other _____ specify
- Mode of Communication: ☐ Written ☐ Oral

3c. Guardian:
- Home Language: ☐ English ☐ Other _____ specify
- Preferred Language: ☐ English ☐ Other _____ specify
- Mode of Communication: ☐ Written ☐ Oral

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

Section 3: Educational History

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

2. 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

3a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes* *Please complete 3b below

3b. *If referred for an evaluation, has your child received any of the following services in the past?

☐ No ☐ Yes – Type of services received (check all that apply)

☐ Speech ☐ Remedial Reading ☐ Physical Therapy
☐ 504 Accommodation Plan ☐ Resource Room ☐ Occupational Therapy
☐ Special Ed Class/Program

Age at which services received (check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education)
☐ 6 years or older (Special Education) ☐ No Longer Receives Services or Discontinued

3c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

4. Has your child ever received the following services? ☐ English as a New Language ☐ Gifted/Talented Program

5. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

_____

_____

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

_____ _____
Signature of Parent/Guardian Date

OFFICE USE ONLY

HOME LANGUAGE CODE: _____

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: _____
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: _____
Proficiency Level Achieved on NYSITELL:

☐ Entering ☐ Emerging ☐ Transitioning ☐Expanding ☐ Commanding

For students with disabilities, list accommodations, if any, administered in accordance with IEP pursuant to CSE recommendation:

_____