



CLARENCE CENTRAL SCHOOLS

SCHOOL: _____ TODAY'S DATE: _____

GRADE: _____ ENTRANCE DATE: _____

STUDENT #: _____ FAMILY #: _____
Office Use Office Use

**PLEASE BRING THE CHILD'S BIRTH CERTIFICATE
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
TELEPHONE		HOME	CELL
TELEPHONE		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.

[illegible]

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 QUESTIONNAIRE

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:

Gender:

☐ Male

☐ Female

Last First Middle

Date of Birth:

Month Day Year

Parent/Guardian Name:

Relation to student:

Last First

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)

- | | | |
|---|---|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> 504 Accommodation Plan | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Special Ed Class/Program | | |

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

- | | |
|--|--|
| <input type="checkbox"/> Birth to 3 years (Early Intervention) | <input type="checkbox"/> 3 to 5 years (Special Education) |
| <input type="checkbox"/> 6 years or older (Special Education) | <input type="checkbox"/> 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:



NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Students¹

*Dear Parent or Guardian,
 Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: ☐ mother ☐ father ☐ other

In what language(s) would you like to receive information from the school? ☐ English ☐ other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? ☐ yes ☐ no

If yes, what language(s) does the caretaker speak most frequently?

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

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? ☐ yes ☐ no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? ☐ yes ☐ no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? ☐ yes ☐ no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

☐ yes ☐ no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? ☐ yes ☐ no

16b. Can your child recognize letters or symbols in another language? ☐ yes ☐ no

If yes, in what language(s)?

17a. Does your child pretend to read? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

17b. Does your child pretend to write? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? ☐ yes ☐ no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? ☐ yes ☐ no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

ⁱ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.