



Jamestown Public School  
Central Registration  
197 Martin Road  
Jamestown NY 14701  
716-483-4344

Student Registration

English Forms  
Elementary Schools  
Grades K-4

Welcome to Jamestown Public Schools! We welcome all students between the ages of five\* and twenty-one to attend the schools in our district.

Completed registration forms and the documents listed below will be required for registration. Please contact us if you are missing any documents. We will work with you to enroll and start your child in school as soon as possible.

**Required Documents:**

- Proof of residence** within the district, to include the name and address of a parent or guardian and dated within 30 days prior to registration, (one item):
  - Home mortgage document or other proof of residential ownership (dated within the year)
  - Signed residential lease or rental agreement, (dated within the year)
  - Utility bill (gas, electric, telephone, cable/satellite television; cell phone not accepted)
  - Furniture rental statement
  - Government issued document
  - If you are not the primary tenant or property owner, a **Statement of Residence form**, signed by the primary resident or owner may be submitted. An item from the list above, with the name and address of the primary resident or property owner, will also be required. Please request the form if needed.

- Proof of age**, one of the following items listing the student's date of birth and parental relationship:
  - Certified birth certificate (preferred)
  - Certified baptismal certificate

If neither of the above are available, one of the following documents in the student's name may be considered:

- Passport or permanent resident card
  - Official driver's license or government issued identification
  - Other government issued documents showing age, including court order or custody papers
  - School photo ID
- Photo identification of the parent or guardian** who will register the child for school.

- Record of Immunizations**

- Record of physical examination; and proof of lead testing-**

You may provide copies of the health documents to the registration office or call your child's medical professional and request that this information be faxed to: **716-483-4278**

- Authorization for Disclosure of Health Information (included in registration packet). Parents are asked to complete this form to allow for the release of medical information between the child's health care provider and the school health office as needed.

To make an appointment to submit registration or if you have questions about the registration process, please call the Central Registration office at 716-483-4344.

\*Children may begin kindergarten in September provided that they will turn five on or before the following December 1<sup>st</sup>.

**Jamestown Public Schools  
Student Information Form**

**Student Information:**

Legal Name \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
MM/DD/YYYY City State Country

**Gender**    **Is the student Hispanic/Latino?**    **Please indicate the child's race. (Select all that apply.)**

- |                                 |   |  |  |
|---------------------------------|---|--|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Yes, Hispanic    | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian                               |
| <input type="checkbox"/> Female | <input type="checkbox"/> No, Not Hispanic | <input type="checkbox"/> Black or African American         | <input type="checkbox"/> White                               |
|                                 |   |  | <input type="checkbox"/> Native Hawaiian or Pacific Islander |

**Primary Parent(s) or Guardian(s) With Whom Student Resides:**

Name \_\_\_\_\_  Mother  Stepmother  Foster Parent  
Last First MI  Father  Stepfather  Legal Guardian  
 Home Address \_\_\_\_\_  Other \_\_\_\_\_  
Street, Apt. No. City State/Zip

Mailing Address \_\_\_\_\_  
Street, Apt. No. City State/Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ eMail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_  Mother  Stepmother  Foster Parent  
Last First MI  Father  Stepfather  Legal Guardian  
 Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ eMail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Secondary Parent/Guardian:**

Shares Custody:  Y  N

Name \_\_\_\_\_  Mother  Stepmother  Foster Parent  
Last First MI  Father  Stepfather  Legal Guardian  
 Other \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Receives Mailings:  Y  N  
Street, Apt. No. City State/Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ eMail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Please indicate below any child custody information or restrictions that may be important for your child's school to know.**

*Documentation may be requested to verify restrictions of contact, custody, or information from a biological parent.*

**Custody Information:**

- |  |   |                                       |                                    |
|--|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Two parents at home | <input type="checkbox"/> Joint custody    | <input type="checkbox"/> Sole custody | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Single parent       | <input type="checkbox"/> Foster placement | <input type="checkbox"/> Other _____  |                                    |

**Academic History:**

Last School Attended \_\_\_\_\_  
(includes PreK) School Name Address Phone

Has this student previously attended the Jamestown City Schools?  No  Yes \_\_\_\_\_  
Last School Attended/Year of Enrollment

Please mark any programs or services provided to the student in their former school:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Special Education/IEP | <input type="checkbox"/> Reading/Math Support (RTI/AIS)  | <input type="checkbox"/> Speech/Physical/Occupational Therapy |
| <input type="checkbox"/> 504 Plan              | <input type="checkbox"/> English as a New Language (ENL) | <input type="checkbox"/> School Counseling                    |

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

**Jamestown Public Schools  
Student Residency & Emergency Contact Form**

**Student Information:**

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
*Last First Middle MM/DD/YYYY*

**Primary Parent/Guardian with Whom Student(s) Reside(s):**

Legal Name \_\_\_\_\_  
*Last First Middle*

Residence \_\_\_\_\_  
*Street, Apt. No City/Town State/Zip Code*

Please list any siblings who have attended or will attend the Jamestown City Schools:

Last Name	First Name	Gender	Date of Birth	Grade	School
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

**Statement of Residence:**

I hereby attest that I am the parent or custodial guardian of the child/children named above, and that I have not provided any false or misleading information related to my residence in the Jamestown City School District.

I understand that the Jamestown City School District has the right to verify my residence including a visit to my home and interviews with my neighbors. I also understand that registration in school is based on eligibility determined by my residence, and the District has the right to transfer students for whom falsified documentation was provided at the time of registration.

In the event that my residency changes, I agree to notify my child's school and present new proof of address.

**Signature** \_\_\_\_\_

*Parent/Guardian*

**Date** \_\_\_\_\_

Please list up to five persons who may be contacted in case of emergency, in the order of preference, including parent(s) or legal guardian(s).

Name / Relationship to Student	Address	Email	Phone 1	Phone 2
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

In the event of an unscheduled dismissal or evacuation of the school, please provide specific instructions for your child:

Go home by him/herself     Go home with \_\_\_\_\_     Go to \_\_\_\_\_

Other (explain) \_\_\_\_\_

Signature \_\_\_\_\_

*Parent/Guardian*

\_\_\_\_\_

*Date*



Lissette Colón-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:**

Month Day Year

**GENDER:**

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 \_\_\_\_\_  
*specify* *specify*  
 Guardian(s) \_\_\_\_\_  
*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? \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation*

\_\_\_\_\_  
*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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



Name of child: \_\_\_\_\_ Sex: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City, State)

**Pregnancy and Birth History**

Mother's health during pregnancy \_\_\_ Excellent \_\_\_ Other

Please describe \_\_\_\_\_

Before/during pregnancy did mother use alcohol, marijuana, illegal drugs? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

Delivery \_\_\_\_\_ Normal \_\_\_\_\_ Other

Please describe \_\_\_\_\_

Child's birth weight \_\_\_\_\_ Baby arrived \_\_\_ on time \_\_\_ early \_\_\_ late

Any illness or complication in the newborn period? \_\_\_ Yes \_\_\_ None

Please describe \_\_\_\_\_

**Developmental History**

Give approximate age child accomplished each below:

Rolled over \_\_\_\_\_ Walked without help \_\_\_\_\_

Sat with support \_\_\_\_\_ Stood on own \_\_\_\_\_

**Medical History**

PROBLEM	YES	NO	DATE	DESCRIBE
Any serious accidents/injuries				
Allergies				
Asthma				
Blood disorders				
Chicken pox				
Contagious diseases				
Diabetes				
Emotional problems				
Frequent bed-wetting				
Trouble hearing				
Recurrent ear infections				
Kidney or bladder problems				
Bone problems (orthopedic)				
Rheumatic fever				
Heart problems				
Seizures				
Tuberculosis or exposure to				
Vision/eye problems				
Surgery/Operations				
Lead Screening				
Elevated lead level				
Learning problems				
Other				

Medication taken: 1: \_\_\_\_\_ Reason \_\_\_\_\_

2: \_\_\_\_\_ Reason \_\_\_\_\_

**Jamestown Public Schools  
School Health Services  
Authorization For Use or Disclosure of Protected Health Information**

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_



I, \_\_\_\_\_ authorize my child's healthcare provider(s) listed below to exchange medical information including, but not limited to; health appraisals, immunization records, psychological evaluations, medical orders, medical diagnosis, and social history with Jamestown Public School staff for the purpose of developing health care plans, designing appropriate educational programs, assessing the impact of a medical condition on school programming or attendance, sharing school observations/concerns, assessing a medical basis for accommodations and/or home tutoring, medication delivery and/or therapy prescriptions, and as requested by the child and family.

Name _____	Phone _____	Fax _____
Healthcare Provider		
Name _____	Phone _____	Fax _____
Healthcare Provider		
Name _____	Phone _____	Fax _____
Healthcare Provider		

This authorization will expire upon my child's graduation and/or termination of enrollment with Jamestown Public Schools.

I acknowledge I have the right to revoke this authorization at any time by sending written notice to the privacy officer at my healthcare provider's office and to the Jamestown City School District Administration Building.

I understand that the revocation of this authorization is not effective if the healthcare provider or school district has used the authorization for disclosure of the protected health information before receiving my written revocation notice.

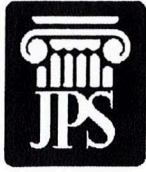
I understand that any protected health information disclosed as a result of this authorization to anyone not covered by the state and federal privacy laws may be subject to re-disclosure and may no longer be protected by state and federal law.

I understand that my child's treatment is not dependent on my agreement to release or withhold information.

I understand I may receive a copy of this authorization if I so request.

_____ Parent/Guardian	_____ Date	_____ Witness	_____ Date
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Note: A student 18 years of age or older must sign his/her own authorization.



**REQUEST FOR RECORDS**

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade Entering** \_\_\_\_\_

**Previous School Name, City and State:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

The above named student has enrolled in Jamestown Public Schools. Please send the requested records to the school or office checked below.

**Student Records:**

- Grades for previous and current school years
- Health and Immunization Records
- Standardized Test Results
- Discipline Reports
- Attendance Record
- A copy of school's grading code

**Special Education Records:**

- IEP/504
- Speech/Hearing Records
- Psychological Report
- OT/PT Reports (if applicable)
- FBA/BIP (if applicable)

**Other** \_\_\_\_\_

**BUSH ELEMENTARY SCHOOL**  
150 Pardee Avenue, Jamestown, NY 14701  
Phone: (716) 483-4401 Fax: **(716) 483-7100**

**JEFFERSON MIDDLE SCHOOL**  
195 Martin Road, Jamestown, NY  
Phone: (716) 483-4411 Fax: **(716) 483-4273**

**FLETCHER ELEMENTARY SCHOOL**  
301 Cole Avenue, Jamestown, NY 14701  
Phone: (716) 483-4404 Fax: **(716) 483-4210**

**PERSELL MIDDLE SCHOOL**  
375 Baker Street, Jamestown, NY 14701  
Phone: (716) 483-4406 Fax: **(716) 483-4417**

**LINCOLN ELEMENTARY SCHOOL**  
301 Front Street, Jamestown, NY 14701  
Phone: (716) 483-4412 Fax: **(716) 483-4435**

**WASHINGTON MIDDLE SCHOOL**  
159 Buffalo Street, Jamestown, NY 14701  
Phone: (716) 483-4413 Fax: **(716) 483-4268**

**LOVE ELEMENTARY SCHOOL**  
50 East 8<sup>th</sup> St., Jamestown, NY 14701  
Phone: (716) 483-4405 Fax: **(716) 483-4291**

**JAMESTOWN HIGH SCHOOL**  
350 E. Second St., Jamestown, NY 14701  
Phone: (716) 483-4216 Fax: **(716) 483-4356**  
Counseling Secretary email: **kelly.r.madden@jpsny.org**

**RING ELEMENTARY SCHOOL**  
333 Buffalo Street, Jamestown, NY 14701  
Phone: (716) 483-4407 Fax: **(716) 483-4232**

**CSE and Pupil Services**  
197 Martin Rd, Jamestown, NY 14701  
Phone: (716) 483-4323 Fax: **(716) 483-4278**

**CENTRAL REGISTRATION**  
Fax: **(716) 483-4278**

I hereby authorize the release of the above named records.

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



**JAMESTOWN PUBLIC SCHOOLS  
ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE**

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

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

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

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 permanent housing
- 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 shelter
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_

\_\_\_\_\_  
Print name of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

If the student is **NOT** living in permanent housing, **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.