



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

English Forms
Middle/High School
Grades 5-12

Student Registration

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 1st.

**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:

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

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 | 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



Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

| | | |
|---|------------|---------------------------------|
| 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 |

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 | _____ |
| | | | <i>specify</i> |
| 2. What was the first language your child learned? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ |
| | | | <i>specify</i> |
| 3. What is the Home Language of each parent/guardian? | <input type="checkbox"/> Parent 1 | _____ | <input type="checkbox"/> Parent 2 _____ |
| | <input type="checkbox"/> Guardian(s) | _____ | _____ |
| | | | <i>specify</i> |
| 4. What language(s) does your child understand? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ |
| | | | <i>specify</i> |
| 5. What language(s) does your child speak? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ <input type="checkbox"/> Does not speak |
| | | | <i>specify</i> |
| 6. What language(s) does your child read? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ <input type="checkbox"/> Does not read |
| | | | <i>specify</i> |
| 7. What language(s) does your child write? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ <input type="checkbox"/> Does not write |
| | | | <i>specify</i> |

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: Parent 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:

**Jamestown City School District
MIDDLE-SECONDARY
STUDENT HEALTH HISTORY**

Name _____ Grade _____ Date of Birth _____

Birth Weight _____ Health Care Provider _____

Please describe any problems or difficulties during the pregnancy, labor & delivery, and newborn period of the student:

| Condition | Yes | No | Date/Age | Describe "Yes" Answers |
|---|-----|----|----------|------------------------|
| Accidents or injuries | | | | |
| Allergies | | | | |
| Blood Disorders | | | | |
| Chicken Pox | | | | |
| Contagious Diseases | | | | |
| Diabetes | | | | |
| Emotional Problems | | | | |
| Hearing Problems | | | | |
| Recurrent ear infections | | | | |
| Kidney or bladder problems | | | | |
| Orthopedic (bone) problems | | | | |
| Fractures (broken bones) | | | | |
| Heart murmur, rheumatic fever, heart disease/problems | | | | |
| Seizure disorder | | | | |
| Surgeries/Hospitalizations | | | | |
| Tuberculosis or exposure to TB | | | | |
| Stomach or bowel problems | | | | |
| Vision/Eye problems | | | | |
| Any other health problems | | | | |
| Any learning problems | | | | |

List all medications presently taken (include allergy injections): _____

Any unusual experiences or events in child's home or history, which you believe the school, should be aware of?

Has student had any evaluations/professional services that the school should be aware of? _____

Do you have any questions or comments pertaining to your child's development that you would like to discuss confidentially with a member of Pupil Services such as School Nurse, Guidance Counselor, Social Worker, or School Psychologist?

The school health office MUST have a copy of your child's documented immunization records within 14 days of registration in order for your child to remain in school.

Parent's Signature: _____

Date: _____

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

Date: _____ School: _____ Grade: _____

Student: _____ DOB: _____

Address: _____

Parent/Guardian: _____ Phone: _____

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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

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 8th 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.