Registration Questionnaire Baldwin Union Free School District

School:	**************************************
Grade:	
Start Date:	The state of the s
545.745.545.475.875.85.455.	
hold Surname:	

Rev. 02/2015		Start Date:						
Foday's Date: Household Surname:								
ST	UDENT INFORM	ATION						
Student's Name:								
Pirst Date of Birth:	Middle	La. Gender: Male						
Month/date/year Has this student ever attended Baldwin Sc	hools before? Yes	□ No						
Is the student Hispanic, Latino or of Spani		□ No						
Please check all that apply:	· ·							
White Black or African Amer	ican Native I	Iawaiian or other Pa	cific Islander					
American Indian/Alaskan Native			114-11514					
Primary language/s spoken at home:								
Does this student currently receive special			□ <i>No</i>					
If Yes, please describe:								
Has this student ever been in an ESL, ELL								
Student Cell Phone #:	Student E	Email Address:						
RES	IDENCY INFORM	MATION						
Residence Type:	Expiration	Other						
Address			Apt #					
What date did you take occupancy of this resid	lence							
Home Phone Number:								
Former Address:								
City	State	Zip						

Zip

RESIDENCY QUESTIONNAIRE

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.

Name of Baldwin S	COOI:					
Name of Student:	First			Middle		Last
				Wildere		Last
Gender: Male	Date of Birth:		/	_/	Grade:	ID#:
☐ Female		Month			(preschool-12)	
Address:	***************************************	·			Phone:	
☐ Other tem	park, bus, train, c porary living sit			describe)		
	on nousing					
☐ In perman						

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.

PARENT/GUARDIAN INFORMATION

Mother/Guardian r	name:					
	First		Middle		Last	
Preferred Language	e of Comm	unication for Pare	ent/Guardian			
Relationship to stud	dent	S	tatus:□Married□	Single□Divorce	d □Deceased (Date:	
Address (if different fr	om Household):				
Email Address:						
Automobile:	7911					
	Туре	Model	Year	Color	License Plate	
Employer Name: _		2000	Work #		Extension	
Employer work add	lress:	Warming to an array of the second				
			PARTICIPATION SOCIAL PROPERTIES			
Father/Guardian na	me:		**************************************			
D. C. 11	First		Middle		Last	
Preferred Language						
					d □Deceased (Date:	
Address (if different fro	om Household)):				
Email Address:				TO THE RESIDENCE OF THE PARTY O		
Automobile:			181101111111111111111111111111111111111	***************************************		
	Туре	Model	Year	Color	License Plate	
Employer Name:			Work #	***	Extension	
Employer work add	ress:					
Siblings:						No Carlotte Commercial
Name			Resides	in Household (yes or no)	
				The state of the s		
		100				
		1011-101-101-101-101-101-101-101-101-10				
				1.44.1		

SPECIAL HOME CIRCUMSTANCES

(Complete if you are a Single Parent and/or Legal Guardian)

If separated or divorced, other parent will have the right to visit student in school and have access to student's records unless we have a legal document indicating otherwise. Please indicate any restrictions in the area below and provide a copy of legal document, if applicable.

Legal Custody of child is with

Is there a joint custody agreement?□ Yes □ No	•	
List any restrictions other parent has regarding of	child	

List type and date of legal document provided		
If you are a Guardian please complete the fol	lowing:	
Name of child's natural parent(s)		
Address or whereabouts of natural parent(s)		
Official document indicating custody and restric		
SPECIAL HO (Complete if you are a		JMSTANCES at or foster care agent)
	a foster paren y, you must con Also, a DSS-2	mplete the following or registration will be
(Complete if you are a If you are a Foster Parent/Foster Care Agency held until all missing information is provided. below are required or registration will be held	y, you must con Also, a DSS-2	mplete the following or registration will be 999 Form and a letter verifying information
(Complete if you are a If you are a Foster Parent/Foster Care Agency held until all missing information is provided. below are required or registration will be held Name of Foster Parent(s)	y, you must con Also, a DSS-2	mplete the following or registration will be 999 Form and a letter verifying information
(Complete if you are a If you are a Foster Parent/Foster Care Agency held until all missing information is provided. below are required or registration will be held	y, you must con Also, a DSS-2	mplete the following or registration will be 999 Form and a letter verifying information ency Code #
(Complete if you are a If you are a Foster Parent/Foster Care Agency held until all missing information is provided. below are required or registration will be held Name of Foster Parent(s) Name of Agency	y, you must con Also, a DSS-2	mplete the following or registration will be 999 Form and a letter verifying information ency Code #
(Complete if you are a If you are a Foster Parent/Foster Care Agency held until all missing information is provided. below are required or registration will be held Name of Foster Parent(s) Name of Agency Agency Address	y, you must con Also, a DSS-2	mplete the following or registration will be 999 Form and a letter verifying information ency Code #
(Complete if you are a If you are a Foster Parent/Foster Care Agency held until all missing information is provided. below are required or registration will be held Name of Foster Parent(s) Name of Agency Agency Address Type of Agency	a foster paren y, you must con Also, a DSS-29 I. Age	mplete the following or registration will be 999 Form and a letter verifying information ency Code # Phone Number

		SCH	OOL INF	ORMA	ATION		
Most recent school at Former School District.							
Former School Name:			Guida	ince cour	nselor's name:		
Former School:Phone #	Address	Fax	City #		State	Zip	AND THE RESIDENCE OF THE PARTY
		~~~~~	LTH INF	ORMA	TION		
Does this student have:	☐ Vision F☐ Tubes		☐ Wears Glas	sses	☐ Depression☐ Other (	☐ Ear infecti	ions
Please describe:						VIV. V. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Is this student currently	taking any 1	medication(s)	)?: 🗆 No 🗆 Ye	s If Yes, _I	olease indicate ty	pe / purpose	
Student's Physician Name:				P	hone Number:		
Address:	Address		City	**************************************	State	Zip	-
		HOUSI	EHOLD IN	FORM	IATION		
List EVERYONE (adı	ılts and chi	ildren) who	lives in the h	ome:	Household Sur	name:	
Name		DOB			upation/Scho		ionship to the Student
······································							
**************************************							
					**************************************		
		****					

	EMERGEN	CY CONTA	ACT INF	ORMATION		
NAME:	First					
	1.1121	Midd	lle	La	st	
Gender: □ Male						
Address:		City: _		Zip:	State:	
	Cell #					
Relationship to studer	nt:					
	First	Mida	le	La	st	
Gender: □ Male	□ Female					
Address:		City:		Zip:	State:	
	Cell #					
	ıt:					
						04,800.00 <b>9</b> .
		SIGNAT	URES			
knowledge and that I	he foregoing application of the have given the answers see whether the child is to be a	and know the c et forth above i	contents the knowing the	reof; that the sam at the Baldwin Sci	e are true to my own nool District will rely up	
Signature of person/s who c	completed this form*		Please prin	t your name/s		
Relationship/s to student			Date	7		
be excluded from the S their date of enrollmen Any false statements n	determines at any time the School District. Further, nt through their date of extraction the contraction of	you will be lia cclusion, as we Parent sig Questionnaire	ble to the So ell as the con nature and any res	chool District for standards of collection.  gistration forms significant collection.	payment of tuition from	ı
School District may be	e punishable as a Class A	misdemeanor 	pursuant to	Section210.45 of	the Penal Law	
For School Use Onl						
Proof of Residency S Health and Immuniza		□ No	□ Yes	D Wai	7-00 red 00-10-10-10-10-10-10-10-10-10-10-10-10-1	
School signature:	mon shoet attacheu!.	⊔ 1 <b>NO</b>		☐ Waiver		
Donoor signature.		Page 6		ent Date:		



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

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)

- The bearing		AND THE COMMERCIAL PROPERTY OF THE COMMERCIAL PROPERTY OF THE	Control of the Contro
LAGESCAY	witte deenly w	Jien wingleding	હ લાલક સ્ટલ્સાબા
STUDENT NAME	<u>::</u>		
		***************************************	
First	Middle	Last	
DATE OF BIRTH	4:	G	GENDER:
i			⊒ Male
Month	Day		⊒ Female
		. 04,	
PARENT/PERS	ON IN PAREN	TAL RELATION I	INFO:
Last N	ame	First Name	Relation to
			Student
OME LANGUAGE	. CODE		
<u> </u>			
[‡] □ English	Other		
			specify
☐ English	☐ Other		
			specify
☐ Mother		☐ Father	, , , , , , , , , , , , , , , , , , ,
— Owardian(a)	specify	_	specify
☐ Guardian(s)		specify	
☐ English	☐ Other		· · · · · · · · · · · · · · · · · · ·
		Š	specify
☐ English	☐ Other		☐ Does not speak
		specify	
☐ English	☐ Other		☐ Does not read
		specify	
☐ English	☐ Other		☐ Does not write
-		specify	
- 4-47 - 444-4-1-17	ara di intropiazza	Stander Safety of the State Service State Service	Addition of the special specia
3.4=2, 3a16-33747s.a	TOTAL TO LOS PARAMESTOS CARDENTES DESERVOS CO	rederatested in a servicine and property in the in-	this rought to a requirement of the second
			STUDENT
	INFURMAL	ION SYSIEM:	
-	First  DATE OF BIRTH  Month  PARENT/PERS  Last Na  Last N	First Middle  DATE OF BIRTH:  Month Day  PARENT/PERSON IN PARENT  Last Name  OME LANGUAGE CODE  Inguage Background Please check all that apply.)  Discreping Other  Discreping Other	First Middle Last  Date of Birth:  Month Day Year  PARENT/PERSON IN PARENTAL RELATION  Last Name First Name  Last Name First Name  Description Other  Benglish Other  Guardian(s)  Benglish Other

INFORMATION SYSTEM:	माहिस्य अधिक हो च	अभागानिस्य सन्त्र गाहरत्या छ	र गर रोगा (बन्हर गावस सहस्र स्वरंग वस्त
Dieleit Name (Alverbail & Calcal	SCHOOL DISTRICT INFORMATION:		
	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	_
How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past?    No Yes* *Please complete 10b below	
10b. * <u>If referred for an evaluation,</u> has your child ever <u>received</u> 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)?	
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?	
Manufacture Davis V	
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:	<del></del>
Name/Position of Qualified Personnel Reviewing HLQ and Conducting Individual Interview	<del></del>
NAME: Position:	
Oral Interview Necessary: O No Yes	
**Date of Individual Outcome of Administer NYSITELL	
INTERVIEW: INDIVIDUAL INTERVIEW: REFER TO LANGUAGE PROFICIENCY TEAM	
WO DAY TR.	
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL  NAME: Position:	
DATE OF NYSITELL ADMINISTRATION: PROFICIENCY LEVEL ACHIEVED ON DENTERING DEMERGING TRANSITIONING DEXPANDING NYSITELL: Command	1DING
Mo. DAY YR.	
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION	1: