

Registration Questionnaire

Baldwin Union Free School District

School : _____

Grade : _____

Start Date : _____

Rev. 02/2015

Today's Date: _____

Household Surname: _____

STUDENT INFORMATION

Student's Name: _____

Date of Birth: _____ *First* _____ *Middle* _____ *Last* _____
Age: _____ Gender: Male Female

Month/date/year

Has this student ever attended Baldwin Schools before? Yes No

Is the student Hispanic, Latino or of Spanish origin? Yes No

Please check all that apply:

White _____ Black or African American _____ Native Hawaiian or other Pacific Islander _____

American Indian/Alaskan Native _____ Asian _____

Primary language/s spoken at home: _____

Does this student currently receive special education services (IEP/504)? Yes No

If Yes, please describe: _____

Has this student ever been in an ESL, ELL or bilingual program? Yes (indicate grade/s) _____ No

Student Cell Phone #: _____ Student Email Address: _____

RESIDENCY INFORMATION

Residence Type: Own Rent Lease Expiration _____ Other _____

Address _____ Apt # _____

What date did you take occupancy of this residence _____

Home Phone Number: _____

Former Address: _____

City

State

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 School: _____

Name of Student: _____
First Middle Last

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

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.

PARENT/GUARDIAN INFORMATION

Mother/Guardian name: _____

First

Middle

Last

Preferred Language of Communication for Parent/Guardian _____

Relationship to student _____ Status: Married Single Divorced Deceased (Date: _____)

Address (if different from Household): _____

Home # _____ Cell # _____ Other # _____

Email Address: _____

Automobile: _____

Type

Model

Year

Color

License Plate

Employer Name: _____ Work # _____ Extension _____

Employer work address: _____

Father/Guardian name: _____

First

Middle

Last

Preferred Language of Communication for Parent/Guardian _____

Relationship to student _____ Status: Married Single Divorced Deceased (Date: _____)

Address (if different from Household): _____

Home # _____ Cell # _____ Other # _____

Email Address: _____

Automobile: _____

Type

Model

Year

Color

License Plate

Employer Name: _____ Work # _____ Extension _____

Employer work address: _____

Siblings:

Name	Resides in Household (yes or no)

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 child _____

List type and date of legal document provided _____

If you are a Guardian please complete the following:

Name of child's natural parent(s) _____

Address or whereabouts of natural parent(s) _____

Official document indicating custody and restrictions, etc., if any _____

SPECIAL HOME CIRCUMSTANCES
(Complete if you are a foster parent or foster care agent)

If you are a Foster Parent/Foster Care Agency, you must complete the following or registration will be held until all missing information is provided. Also, a DSS-2999 Form and a letter verifying information below are required or registration will be held.

Name of Foster Parent(s) _____

Name of Agency _____ Agency Code # _____

Agency Address _____

Type of Agency _____

Case Worker and/or Social Worker _____ Phone Number _____

DSS Case # _____ CIN# _____ BC# _____



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

Lissette Colón-Collins, Assistant Commissioner
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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:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

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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"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<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? _____

 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:

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: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING
 Mo. DAY YR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: