

STUDENT REGISTRATION CHECKLIST

- ☐ **Student Registration Data Packet**
- ☐ **Proof of Student's Age**
 - A certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth shall constitute proof of age.
 - Where a certified transcript of a birth certificate or record of baptism is not available, a passport (including a foreign passport);
 - Where none of the above is available, other documentary or recorded evidence in existence two years or more, except an affidavit of age, may be submitted. Such other evidence may include but not be limited to the following: official driver's license; State or other government issued identification; school photo identification with date of birth; consulate identification card; hospital or health records; military dependent identification card; documents issued by Federal State or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement); court orders or other court-issued documents; Native American tribal document; or records from non-profit international aid agencies and voluntary agencies.
- ☐ **Current Physical** (not required for initial enrollment, preferred within three days)
- ☐ **Immunization Record (provided before 14 days of enrollment or before 30 days of enrollment if it is known that the student has moved from another country)**
- ☐ **Report Card** (provided within three days of enrollment; necessary to determine appropriate grade level placement, not for enrollment.)
- ☐ **Proof of Residency-** The following documentation may be submitted to demonstrate physical presence within the District (provided within three days of enrollment):
 - a copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;
 - a statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district, which may be either sworn or unsworn; (sample affidavits can be found on the district website);
 - such other statement by a third party relating to the parent(s)' or person(s) in parental relation's physical presence in the district;
 - other forms of documentation that will be considered include but are not limited to:
 - o pay stubs; income tax forms; utility or other bills;
 - o membership documents (e.g., library cards) based upon residency; voter registration document(s); official driver's license, learner's permit or non-driver identification;
 - o State or other government issued identification;
 - o documents issued by Federal, State or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement); or evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

Pursuant to the Commissioner's Regulations, when a child's parent(s), the person(s) in parental relation to the child or the child, as appropriate, requests enrollment of the child in the District, such child shall be enrolled and shall begin attendance on the next school day, or as soon as practicable, unless a determination of non-residency is made in accordance with the Commissioners Regulations and the Education Law on the date of such request for enrollment. Parent(s), the person(s) in parental relation to the child or the child, as appropriate, shall have up to three business days after initial enrollment to submit documentation and/or information in support of the child's residency in the District.

- ☐ **Special Ed – IEP (if applicable)**



Forward in Excellence

Somers Central School District

P. O. Box 620

Lincolndale, New York 10540

Student ID# _____

Family ID# _____

(office use only)

Date: _____

STUDENT REGISTRATION DATA PACKET

Welcome to the Somers Central School District. All of the information requested on this form is required and must be completed before your child can be admitted. If you should have any questions, please feel free to ask.

Student's First Name _____ Middle _____ Last Name _____

Birthdate _____

Gender: ☐ Male ☐ Female

Grade last attended: _____

Grade will enter: _____

Counselor _____

Ethnicity: Hispanic/Latino Yes/ No (please circle)

Please select one or more race which best describe the child being registered:

American Indian or Alaska Native _____ Asian _____ Black or African American _____

Native Hawaiian or Other Pacific Islander _____ White _____

Is English the primary language spoken in the house? ☐ Yes ☐ No

If no, what language? _____

Student is living with: ☐ Natural parent(s) (if separated or divorced, custody order required)

☐ Legal guardian (guardianship papers required)

☐ Foster family (foster child data sheet must be completed)

Does your child have an IEP (Individualized Education Plan)? ☐ Yes ☐ No

Is your child involved in CPSE? ☐ Yes ☐ No

EMAIL ADDRESS

First Name (parent 1)	Last Name (parent 2)	
First Name (parent 2)	Last Name (parent 2)	
Home Phone ()	☐ Indicate if telephone is unlisted	☐ Include in Class List
Parent 1 employment phone ()	Parent 2 employment phone ()	
Parent 1 cell phone ()	Parent 2 cell phone ()	
Student Physical Address		
House Number and Street		
City		
State / Zip Code		
Student Mailing Address – P.O. Box		
House Number and Street		
City		
State / Zip Code		
Second Mailing Information (if required)		
Name		
House Number and Street		
City		
State / Zip Code		
Emergency Contact Information		
Name	Relationship to student	
Contact Home Phone ()	Contact Cell Phone ()	
Physician Name	Physician Phone ()	

OTHER CHILDREN IN HOUSEHOLD

Name	Date of Birth	Gender	
		M	F

Parent Certification

I affirm that the information given in this student application is complete and accurate. I hereby authorize the Somers Central School District to verify any and all information. Any misrepresentation in residency documentation may result in the removal of my child from the Somers Central School District and/or being held responsible for the payment of tuition to the district.

Parent / Guardian Signature

Date



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

Lisette Colon-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:		GENDER:
Month	Day	Year
		☐ 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
	☐ 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
6. What language(s) does your child read?	☐ English	☐ Other	☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other	☐ Does not write

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: _____

MO. DAY YR.

PROFICIENCY LEVEL
 ACHIEVED ON
 NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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

Did this child attend a Pre-School program outside your home? ☐ Yes ☐ No

If yes, was it a half or full day program? ☐ Half ☐ Full

Please place a check by the pre-school program which best describes the one this child attended:

- ☐ District Operated
- ☐ Day care center
- ☐ Head Start
- ☐ Family or Group Day Care
- ☐ Nursery School
- ☐ BOCES
- ☐ Special Education Pre-School
- ☐ Non-public school
- ☐ Museum
- ☐ Library
- ☐ Other

Permission for Release of Student Records

For Kindergarten Registration – Please provide preschool/daycare information.

Name of School Previously Attended	
Contact person	
Address	
City	
State / Zip Code	
Phone Number	
Fax Number	

I hereby request that a copy of all of _____
student's name
school records, including psychological, school social work reports and/or Committee on
Special Education records and relevant medical records be released and forwarded to the
Somers Central School District at the address indicated below.

Parent / Guardian Signature

Date

Check one:

- ☐ Ms. Katie Winter, Principal, Primrose Elementary School, P.O. Box 630, Lincolndale, NY 10540
- ☐ Ms. Stacey Elconin, Principal, Somers Intermediate School, 240 Route 202, Somers, NY 10589
- ☐ Ms. Maryellen Coogan, Guidance Dept., Somers Middle School, 250 Route 202, Somers, NY 10589
- ☐ Mr. Phil Kavanagh, Dir. of Guidance, Somers High School, P.O. Box 640, Lincolndale, NY 10540
- ☐ Ms. Anna Maggio, Director of Special Services, Somers School District Office,
P.O. Box 620, Lincolndale, NY 10540

1. Information regarding child's parent or person in parental relation (parent 1):

Name: _____

Home Address: _____

Home Telephone: _____

Employer: _____

Employer Location: _____

Employer Telephone: _____

Information regarding child's parent or person in parental relation (parent 2):

Name: _____

Home Address: _____

Home Telephone: _____

Employer: _____

Employer Location: _____

Employer Telephone: _____

1. To what extent will the care, custody and control of the child be exercised by:
Please be specific.

the person that the child lives with _____

either parent _____

2. To what extent is the child's support provided by (a) the person that the child lives with?
(b) either parent? Please be specific.

3. If the child is residing in a district other than that of either parent, describe the reason and purpose for such an arrangement including whether both parents have consented to such arrangements. Please be specific..

4. Does either parent retain the right to recall the child from the person with whom the child lives?
If so, under what circumstances?
-
-
5. Who is to receive school mailings and be contacted in case of an emergency involving the child?
-

Signature of Parent _____

or

Signature of Guardian _____

Somers Central School District

Education Program for Homeless Students

Must be completed by all Registrants

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 do not 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 any that apply or select None of the above)

- ☐ in a shelter
- ☐ in a motel or hotel
- ☐ in a transitional housing program
- ☐ in a car, trailer or campsite
- ☐ in a rented trailer/motor home on private property
- ☐ in a SRO building (single room occupancy)
- ☐ in a rented garage
- ☐ temporarily with an adult that is not the parent/legal guardian
due to loss of housing
- ☐ temporarily in another family's house/apartment **due to loss of housing**
- ☐ awaiting foster placement
- ☐ other places unfit for human habitation
- ☐ None of the above apply

Print Name of parent, guardian, or
Student (for unaccompanied homeless youth)

Signature of parent, guardian, or
Student (for unaccompanied homeless youth)

Date

FOR SCHOOL OFFICE USE ONLY

School student will be attending

☐01

SHS

☐02

SIS

☐03

Primrose

☐04

SMS

Residency Information (all information must be current – within the last 3 months)

☐ Lease ☐ Deed ☐ Mortgage Statement ☐ Third Party Affidavit

☐ Landlord/Owner Affidavit

☐ Other: _____

Exception Code (if applicable)

☐ ESL

☐ SE

☐ Foster

☐ Tuition

☐ Out-of-District Placement:

Authorized by: _____

School placement: _____

SCHOOL OFFICE PERSONNEL MUST SIGN BELOW TO VERIFY THAT THEY HAVE CONFIRMED ALL THE INFORMATION GIVEN BY PARENT/GUARDIAN REGARDING STUDENT AND RESIDENCY.

School Office Personnel

Date

Dear Somers Parent/Guardian:

As a District, we are always looking for ways to celebrate the good work of our students and staff. Our school website, as well as our school T.V. station, Channel 18 provides two forums in which to highlight some of the great work being produced by our students. From time to time, we would like to post exemplary student work on our website. We also plan on airing a series of programs which spotlight various curricular initiatives on Channel 18. These programs may involve the filming of specific classrooms where children are engaged in various learning activities. There are also some instances where other news outlets highlight the work of our students.

PLEASE SIGN ONLY IF YOU OBJECT TO HAVING YOUR CHILD INVOLVED IN ANY OF THE SELECTIONS BELOW – OTHERWISE DISREGARD

If you object to having your child involved in any of the above, please indicate below, sign and return this form to the main office of your child's school.

I do not want my child's work displayed on the school website. _____

I do not want my child involved in any special programs on Channel 18. _____

Parent/Guardian Signature _____

Child's Name _____
Please Print

Child's School _____
Please Print

Forward in Excellence



Matthew Carr
Director of
Human Resources and
Student Services

Dear Somers Parent/Guardian:

The Somers Parent Teacher Association (PTA) would like to welcome your family to our District. If you are interested in being contacted, please give us permission by completing this form. We will provide your contact information to the Somers PTA.

Please Print

Name: _____

Address: _____

Email Address: _____

Telephone: _____

Student Name: _____

Grade: _____

Parent/Guardian Signature

Date

District Administration
250 Route 202, Somers, NY 10589 • PO Box 620, Lincolndale, NY 10540
Phone 914.277.2430 • Fax 914.277.2409 • www.somersschools.org

SOMERS CENTRAL SCHOOL DISTRICT

TRANSPORTATION REQUEST

PLEASE PRINT

DATE _____

I AM HEREBY REQUESTING BUS TRANSPORTATION FOR _____

Please Print Student Name

WHO WILL BE ATTENDING _____ DURING THE

20____-20____ SCHOOL YEAR.

Male _____ Female _____

Grade Level _____ Date of Birth _____

Print name of parent or guardian _____

Signature of parent of guardian _____

Street Address _____

Include a landmark if possible _____

Mailing Address _____

E-mail Address _____

Home Telephone Number

Work Telephone Number

Cell Phone Number _____

Starting Date _____