

# Belfast Central School Entrance Form

Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Bus Number: \_\_\_\_\_  
Date Registered: \_\_\_\_\_ First Date Attended: \_\_\_\_\_ SSN: \_\_\_\_\_

## Student Information

DOB: \_\_\_\_\_ Sex: M F  
Last Name First Name MI \_\_\_ school-age \_\_\_ preschool age child

Place of Birth \_\_\_\_\_ Circle: New Student Former Student Year(s) Attended: \_\_\_\_\_

Ethnicity (Check): Is your child Hispanic/Latino or of "Spanish origin" \_\_\_ Yes \_\_\_ No  
Please select one: \_\_\_ American Indian or Alaskan American \_\_\_ Asian \_\_\_ White/ Other  
\_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander

District Resident  Non-Resident  Placed by DSS/ Agency Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Emergency Number: \_\_\_\_\_

How many schools has this child attended? \_\_\_\_\_ Previous School: \_\_\_\_\_  
My child receives or is eligible for \_\_\_ free lunches \_\_\_ reduced price lunches. (if known)  
My child participates in a half day vocational program. \_\_\_yes (program: \_\_\_\_\_) \_\_\_ no

## Custodial Parent/ Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If different from above): \_\_\_\_\_

The child's parents are: \_\_\_ Married \_\_\_ Single Parent \_\_\_ Divorced (Custody Papers: \_\_\_received \_\_\_ needed)  
The child is in foster care: \_\_\_

## Non-Custodial Parent/ Guardian Information (The following people should receive information about the child.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Census Information: Other Children in the Family

Pre-School Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

In School Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

## Special Placement Approval

I agree to the temporary continuation of the classification and programs in which my child, \_\_\_\_\_, was placed in his/her previous school prior to transferring to Belfast Central School. My child's program included:

\_\_\_ CSE (Resource Room/ Consultant Teacher/ Special Class) \_\_\_ Remedial Reading \_\_\_ Remedial Math  
\_\_\_ Academic Intervention Service (Area: \_\_\_\_\_) \_\_\_ Gifted and Talented Program \_\_\_ Speech

**Identification of Homeless Students**

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? *Check one box:*

Section A	Section B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian) <input type="checkbox"/> independently  <b><u>CONTINUE:</u></b> <i>If you checked a box in Section A, complete #2</i>	<input type="checkbox"/> Choices in Section A do not apply

2. The student lives with:

- |   |  |
|---|--|
| <input type="checkbox"/> 1 parent                 | <input type="checkbox"/> a relative, friend(s) or other adult(s)               |
| <input type="checkbox"/> 2 parents                | <input type="checkbox"/> alone with no adults                                  |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

**Home Language Questionnaire (HLQ) CR 154 A-14**

<p><i>Dear Parent or Guardian:</i></p> <p><i>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 English. Your assistance in answering these questions is greatly appreciated.</i></p> <p><i>Thank You</i></p>	TO BE COMPLETED BY SCHOOL PERSONNEL
	District/ School: Belfast Central School
	Student Name _____ Grade _____
	Date of Birth _____ Student Identification Number _____
	Country of Birth/ Ancestry _____
	Number of Years enrolled in school outside the US _____
	Name/ Position of school personnel completing this section _____
	Determination: <input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient

(√ boxes that apply)

1. What language(s) is spoken in the student's home or residence?                       English    Other (specify) \_\_\_\_\_
  2. What language(s) is spoken most of the time to the student, in the home or residence?                       English    Other (specify) \_\_\_\_\_
  3. What language(s) does the student understand?                       English    Other (specify) \_\_\_\_\_
  4. What language(s) does the student speak?                       English    Other (specify) \_\_\_\_\_
  5. What language(s) does the student read?                       English    Other (specify) \_\_\_\_\_    Does Not Read
  6. What language(s) does the student write?                       English    Other (specify) \_\_\_\_\_    Does Not Write
  7. In your opinion, how well does the student understand, speak, read, and write English?
- |                     |                          |                          |                          |
|---------------------|--------------------------|--------------------------|--------------------------|
|                     | Very Well                | Only a little            | Not at all               |
| Understands English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaks English      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reads English       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes English      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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



# NEW YORK STATE MIGRANT EDUCATION PROGRAM

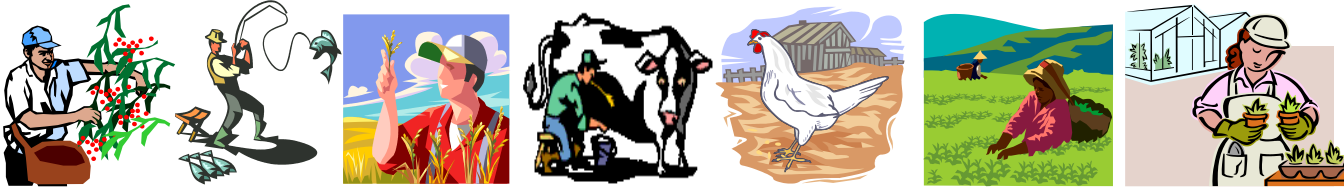
IDENTIFICATION & RECRUITMENT OFFICE  
PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture. This program is **free of charge** to all eligible families and may include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

1. Has anyone in your family moved from another, country, city, town or school district within the past 3 years? \_\_\_\_ Yes \_\_\_\_ No
2. Has anyone in your family worked or looked for work at the following occupations within the last three (3) years? \_\_\_\_ Yes \_\_\_\_ No

- Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)?



- Work related to logging, timber growing or harvesting? Work at food processing plant, (such as vegetable or poultry processing plants packing apples or vegetables)?



If you answer YES, please provide contact information below

Parent/Guardian/Eligible Person's Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Best Time to be reached \_\_\_\_\_ AM/PM

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

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

To submit this referral please fax to 716-673-3524 or mail to Fredonia Migrant Education Program  
W133 Thompson Hall SUNY Fredonia Fredonia, NY 14063

