

Learning for all... whatever it takes!

CENTRAL REGISTRATION OFFICE

752 Central Ave

Dunkirk NY 14048

Tel: 716-366-9300

FAX: 716-366-9395

Ext. * 4401 Vanessa Escobar

vescobar@g.dunkirkcsd.org

K-12 Registration Packet

- ✓ **You can download the fillable registration forms and email back with required documents listed below.**
- ✓ Be sure to answer ALL questions and sign ALL forms.
- ✓ **DOCUMENTS required to complete registration.**
 1. BIRTH CERTIFICATE
 2. IMMUNIZATIONS/PHYSICAL
 3. PROOF OF ADDRESS (utility bill, rent receipt, lease)
 4. PARENT'S PHOTO ID
 5. CUSTODY DOCUMENTS (if you are not the parent of the student)
 6. NAME OF PREVIOUS SCHOOL, PHONE NUMBER & FAX #
 7. SPECIAL EDUCATION RECORDS (IEP, 504 plan)

If you have any questions, please feel free to call the registration office and I will be happy to assist you.

Please visit our school's website for more information and Covid-19 updates.

www.dunkirkcsd.org and follow our DCSD Facebook page

STUDENT ID: _____

REGISTRATION FORM

Name: _____ Last Name _____
 Date of birth: _____ Male _____ Female _____ Dominant Language _____
 Address: _____ # of Apt. _____ How many adults in the household? _____
 Phone Number # Cell: _____ Home #: _____ Work# _____
 Grade: _____ Has student failed _____ What a grade _____ Country of Birth: _____

ALERTS: About the student.	YES	NO
Have any medical condition, take medication, have any allergies	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive special education? Do you have an IEP?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive speech therapy?	<input type="checkbox"/>	<input type="checkbox"/>
You are in a temporary housing situation	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a 504 Rehabilitation Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attended the Dunkirk School District before?	<input type="checkbox"/>	<input type="checkbox"/>
The family receives SNAP benefits	<input type="checkbox"/>	<input type="checkbox"/>

Custody: Check here if you don't have legal documentation – **YOU NEVER WENT TO COURT**

Are there any custody situations that the school should know about? _____

Who has physical custody of the student? Both parents Mother Father Another person

The student lives with: Both parents Mother Father Another person

Please provide custody documentation if student lives with another person.

Mother:

Name: _____ Last Name _____ Dominant Language: _____
 Address if different: _____
 Phone Number: _____ Work Number: _____
 Email: _____ Permission to pick up child
 Should we call her in case of emergency: Should she receive correspondence

Father:

Name: _____ Last name: _____ Dominant Language: _____
 Address if different: _____
 Phone Number: _____ Work Number: _____
 Email: _____ Permission to pick up the child
 Should we call him in case of emergency: Should he receive correspondence

Student Information

Last Name: _____ First Name: _____
 Address: _____ Telephone/Mobile: _____
 Date of birth: _____ Receives Special Ed Services _____
 Grade _____ Email: _____

FATHER'S INFORMATION (not stepfather's)

Name: _____ Do you reside in the home? Yes ____ No ____
 If not, please provide the alternate address: _____
 Home phone: _____
 Mobile phone: _____
 Workplace: _____
 Telephone: _____

INFORMATION FROM THE MOTHER (not the stepmother)

Name: _____ Do you reside in the home? Yes ____ No ____
 If not, please provide the alternate address: _____
 Home Phone: _____
 Mobile phone: _____
 Workplace: _____
 Telephone: _____

GUARDIAN INFORMATION (complete **ONLY** if the child **DOES NOT reside with the parents**)

Name: _____ Do you reside at home? Yes ____ No ____
 If not, please provide the alternate address: _____
 Home Phone: _____
 Cell Phone: _____
 Workplace: _____
 Telephone: _____

MEDICAL INFORMATION

What is the name of your child's doctor? _____
 Telephone: _____
 Please make a list of any **SERIOUS medical conditions** for your child: _____

OTHER SIBLINGS -- Please make a list of other siblings living in your household, including preschoolers:

Name: _____ Date of Birth: _____ School: _____ Grade _____
 Name: _____ Date of birth: _____ School: _____ Grade _____
 Name: _____ Date of birth: _____ School: _____ Grade _____

TO PARENTS/GUARDIANS: When a student needs to be released/registered during school hours, parental permission is required. **LIST ONLY ADULTS 18 YEARS OF AGE AND OLDER WHO CAN BE REACHED BETWEEN 8:00 A.M. AND 3:00 P.M.**

Name: _____ Telephone: _____ Relation: _____
 Name: _____ Telephone: _____ Relation: _____
 Name: _____ Telephone: _____ Relation: _____

Parent's or Guardian's signature: _____ Date _____



Previous school Information
Informacion de Educacion Previa

Name of School: _____
Nombre de la escuela

Phone Number: _____
Numero de Telefono

School Fax # _____
Numero de Fax

School email: _____
Correo electronico

Name of Person we are requesting transcripts from:
Nombre de la persona encargada de la transcripción:

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Central Registration Office
 752 Central Ave Dunkirk NY 14048
AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____ Fax: _____

The student(s) listed below have entered the Dunkirk City School System:

NAME: _____ D.O.B.: _____ GRADE: _____

NAME: _____ D.O.B.: _____ GRADE: _____

Please send the following information:

- Cumulative records
- Standardized test scores
- Health/immunization records
- Professional reports/notes
- Attendance records
- Gifted records
- Any Psychological/Educational Evaluations
- Secondary Science Lab Requirements

- All Special Education Components
- Latest report card
- Current Individualized Education Program (IEP)
- Grades averaged from date of latest report card to date of withdrawal.
- 504 Accommodation plan
- Disciplinary Records
- ENL components
- Other: _____

Please send information to:

_____ Dunkirk Elementary School #3
 Sue Fountain
 742 Lamphere Street
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x 4340
 Fax: (716) 366-0565
sfountain@g.dunkirkcsd.org

_____ Dunkirk Elementary School #5
 Marie Kaminski
 117 Brigham Road
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x 4500
 Fax: (716) 366-9355
mkaminski@g.dunkirkcsd.org

_____ Dunkirk Intermediate (DMS)
 Mary Helfeldt
 525 Eagle St.
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x. 3386
 Fax: (716) 366-9357
mhelfeldt@g.dunkirkcsd.org

_____ Dunkirk Elementary School #4
 752 Central Avenue
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x 4400
 Fax (716) 366-0548

_____ Dunkirk Elementary School #7
 Kristin Tofil
 348 Lake Shore Drive East
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x 4700
 Fax: (716) 366-9426
ktofil@g.dunkirkcsd.org

_____ Dunkirk Jr./Sr. High School (DHS)
 Laurie Barberich
 75 West Sixth Street
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x 2076
 Fax: (716) 366-9411
lbarberich@g.dunkirkcsd.org

_____ Dunkirk City Schools Registration Office
 752 Central Ave, Dunkirk, NY 14048
 Phone: (716) 366-9300
 Fax: (716) 366-9395
 Vanessa Escobar ext. x4401
vescobar@g.dunkirkcsd.org

_____ Dunkirk City Schools Dept. of Special Education
 90 East Fourth St., Dunkirk, NY 14048
 Phone: (716) 366-9300, x 2700
 Fax: (716) 366-9362
 Brooke Tilley ext. *2702
btalley@dunkirkcsd.org

~~~~~  
 In accordance with the Family Rights and Privacy Act of 1974, I hereby give permission to request a release of records for my son/daughter from your school. Such request for disclosure is for the purpose of enrollment and shall include the above records. This release will expire one year from the date of signature.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ 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.*

|                                                                  |            |                |
|------------------------------------------------------------------|------------|----------------|
| <b>STUDENT NAME:</b>                                             |            |                |
| First                                                            | Middle     | Last           |
| <b>DATE OF BIRTH:</b>                                            |            | <b>GENDER:</b> |
| Month                                                            | Day        | Year           |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female |            |                |
| <b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>                  |            |                |
| 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    | _____ specify _____                                         |
| 2. What was the first language your child learned?                     | <input type="checkbox"/> English     | <input type="checkbox"/> Other    | _____ specify _____                                         |
| 3. What is the Home Language of each parent/guardian?                  | <input type="checkbox"/> Parent 1    | <input type="checkbox"/> Parent 2 | _____ specify _____                                         |
|                                                                        | <input type="checkbox"/> Guardian(s) |                                   | _____ specify _____                                         |
| 4. What language(s) does your child understand?                        | <input type="checkbox"/> English     | <input type="checkbox"/> Other    | _____ specify _____                                         |
| 5. What language(s) does your child speak?                             | <input type="checkbox"/> English     | <input type="checkbox"/> Other    | _____ specify _____ <input type="checkbox"/> Does not speak |
| 6. What language(s) does your child read?                              | <input type="checkbox"/> English     | <input type="checkbox"/> Other    | _____ specify _____ <input type="checkbox"/> Does not read  |
| 7. What language(s) does your child write?                             | <input type="checkbox"/> English     | <input type="checkbox"/> Other    | _____ specify _____ <input type="checkbox"/> Does not write |

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

|                                                       |                                                             |
|-------------------------------------------------------|-------------------------------------------------------------|
| <b>SCHOOL DISTRICT INFORMATION:</b>                   | <b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b> |
| 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:

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## RESIDENCY FORM

Name of Student: \_\_\_\_\_

Gender:  Male  
 Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

Grade: \_\_\_\_\_  
*(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 a shelter
- 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 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

**NOTE TO SCHOOLS/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



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**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School: \_\_\_\_\_

School District Student Identification Number: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Student Name: Last, First, Middle: \_\_\_\_\_

Grade Level: \_\_\_\_\_

**DIRECTIONS TO PARENT/GUARDIAN**

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (√) the box that best describes your child.] Check (√) only ONE box.

- Yes Hispanic
- No, Not Hispanic

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Select one or more races from the following five racial groups [for question (2) check (X) all groups that apply to your child; check (x) at least one box].

- AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK, NOT OF HISPANIC ORIGIN: A person having origins in any of the black racial groups of Africa
- WHITE, A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**RELATIONSHIP TO STUDENT [please check one box below]:**

- Mother
- Father
- Guardian
- Other (specify) \_\_\_\_\_



IDENTIFICATION & RECRUITMENT 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, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

*Please take a few minutes to complete this questionnaire.*

**Has anyone in your family worked or looked for work at the following occupations during the past 3 years?**

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



*If you answered YES, please provide your contact information below:*

Parent/Guardian 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 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**



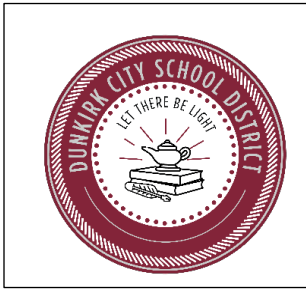
## Digital Access Survey \*Encuesta de Acceso Digital

Digital Equity is a data set being collected for the 2025-2026 school year. Districts are now required to survey all parents or guardians to identify the source of student's digital resources (devices and availability). Parents or guardians are encouraged to complete the survey for each child.

\* Equidad digital es el nuevo conjunto de datos que se está recopilando para el año escolar 2025-2026 Los distritos ahora deben encuestar a todos los padres o tutores para identificar la fuente de los recursos digitales de los estudiantes (dispositivos y disponibilidad). Se anima a los padres o tutores a completar la encuesta para cada niño.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Student Name</b> (first and last) *Nombre del estudiante (nombre y apellido)                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |
| <b>Survey Date</b> * Fecha de la encuesta (Mes, día y año)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                |
| <p>1: The district will issue your child a Chromebook to use during the school day. If needed these will be sent home for Remote instruction. 1: El distrito le entregará a su hijo un Chromebook para que lo use durante el día escolar. Si es necesario, se enviarán a casa para recibir instrucción remota.</p>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |
| <p><b>Question 2:</b> What is the device your child uses most often to complete learning activities away from school? (Whatever the student is most often using to complete their schoolwork.) * <b>Pregunta 2:</b> ¿Cuál es el dispositivo que usa su hijo con más frecuencia para completar actividades de aprendizaje fuera de la escuela? (Lo que sea que el estudiante use con mayor frecuencia para completar su trabajo escolar).</p>                                                                                | <input type="checkbox"/> Desktop (Escritorio)<br><input type="checkbox"/> Laptop (Ordenador portátil)<br><input type="checkbox"/> Tablet (Tableta)<br><input type="checkbox"/> Chromebook<br><input type="checkbox"/> Smartphone (teléfono inteligente)<br><input type="checkbox"/> No device (No dispositivo) |
| <p><b>Question 3:</b> Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.) * <b>Pregunta 3:</b> ¿Quién es el proveedor del dispositivo de aprendizaje principal identificado en la pregunta 1? (Puede ser un dispositivo proporcionado por la escuela u otro dispositivo, el que el estudiante utilice con más frecuencia para completar su trabajo escolar).</p> | <input type="checkbox"/> School (Escuela)<br><input type="checkbox"/> Personal (Personal)<br><input type="checkbox"/> No device (No dispositivo)                                                                                                                                                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Question 4:</b> Is the primary learning device shared with anyone else in the household? * <b>Pregunta 4:</b> ¿Se comparte el dispositivo de aprendizaje principal con alguien más en el hogar?</p>                                                                                                                                                                                                                                                                                                 | <p> <input type="checkbox"/> Shared (Comparte)<br/> <input type="checkbox"/> Not shared (No comparte)<br/> <input type="checkbox"/> No device (No dispositivo) </p>                                                                                                                                                                                                                                                                                                                          |
| <p><b>Question 5:</b> Is the primary learning device sufficient for your child to fully participate in all learning activities away from school? * <b>Pregunta 5:</b> ¿El dispositivo de aprendizaje principal es suficiente para que su hijo participe plenamente en todas las actividades de aprendizaje fuera de la escuela?</p>                                                                                                                                                                       | <p> <input type="checkbox"/> Yes (Sí)<br/> <input type="checkbox"/> No </p>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Question 6:</b> Is your child able to access the internet in their primary place of residence? * <b>Pregunta 6:</b> ¿Puede su hijo acceder a Internet en su lugar de residencia principal?</p>                                                                                                                                                                                                                                                                                                      | <p> <input type="checkbox"/> Yes (Sí)<br/> <input type="checkbox"/> No </p>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Question 7:</b> What is the primary type of internet service used in your child's primary place of residence? * <b>Pregunta 7:</b> ¿Cuál es el tipo principal de servicio de Internet que se utiliza en el lugar de residencia principal de su hijo?</p>                                                                                                                                                                                                                                            | <p> <input type="checkbox"/> Residential broadband (Banda ancha residencial)<br/> <input type="checkbox"/> Cellular (Celular)<br/> <input type="checkbox"/> Mobile hotspot (Punto de acceso móvil)<br/> <input type="checkbox"/> Community (Comunidad) Wifi<br/> <input type="checkbox"/> Satellite (Satélite)<br/> <input type="checkbox"/> Dial up (marcar)<br/> <input type="checkbox"/> DSL<br/> <input type="checkbox"/> Other (Otro)<br/> <input type="checkbox"/> None (Ninguno) </p> |
| <p><b>Question 8:</b> In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance? * <b>Pregunta 8:</b> En su residencia principal, ¿puede su hijo completar la gama completa de actividades de aprendizaje, incluida la transmisión de videos y la carga de tareas, sin interrupciones causadas por un rendimiento de Internet lento o deficiente?</p> | <p> <input type="checkbox"/> Yes (Sí)<br/> <input type="checkbox"/> No </p>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Question 9:</b> What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence? * <b>Pregunta 9:</b> ¿Cuál es la barrera principal, si la hay, para tener acceso a Internet suficiente y confiable en el lugar de residencia principal de su hijo?</p>                                                                                                                                                                           | <p> <input type="checkbox"/> Availability (Disponibilidad)<br/> <input type="checkbox"/> Cost (Costo)<br/> <input type="checkbox"/> None (Ninguno)<br/> <input type="checkbox"/> Other (Otro) </p>                                                                                                                                                                                                                                                                                           |



## Health History

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Gender assigned at birth \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone number \_\_\_\_\_

In the last 12 months, has your child:

| Check all that apply                                   | YES | NO |
|--------------------------------------------------------|-----|----|
| Had an ongoing medical condition                       |     |    |
| Seen a medical specialist                              |     |    |
| Had allergies                                          |     |    |
| Been Hospitalized                                      |     |    |
| Had an operation                                       |     |    |
| Had an injury requiring an Emergency Room visit        |     |    |
| Missed 5 days of school in a row due to illness/injury |     |    |
| Had a bone/muscle injury                               |     |    |
| Passed out, had a concussion or serious head injury    |     |    |
| Had convulsions/seizures                               |     |    |
| Had vision problem or condition                        |     |    |
| Had a hearing problem or condition                     |     |    |
| Worn a dental bridge, braces, or mouth guard           |     |    |

If any box/condition was checked, please describe condition and/or treatment:

Does your child have any allergies      yes      no

If child does have an allergy, what are they allergic to? What are the symptoms and routine treatment?

| Check all that apply                     | YES | NO |
|------------------------------------------|-----|----|
| ADHD                                     |     |    |
| Asthma/Trouble breathing                 |     |    |
| Autism/Asperger                          |     |    |
| Dental injuries                          |     |    |
| Diabetes                                 |     |    |
| Frequent Ear Infections                  |     |    |
| Gi Conditions                            |     |    |
| Headaches/Migraines                      |     |    |
| Heart Conditions                         |     |    |
| High Blood Pressue                       |     |    |
| Scoliosis                                |     |    |
| Single organ (kidney, testicle, lung)    |     |    |
| Skin Condition (eczema, psoriasis, etc.) |     |    |
| Speech Condition                         |     |    |
| Urinary Condition                        |     |    |

If any box/condition was checked **yes**, please describe:

Does your child have a Mental Health Condition or Behavioral Concern?      yes      no

Please explain condition/concern:

Does your child receiver outside counselling or therapy for condition/concern?

yes      no

If yes, please give contact information

Current Medications:

Please list any assistive equipment student may use at home or at school.

Please list any treatments student receives inside or outside of school.

Is there any condition that would prevent your child from participating in physical education, sports or playground?      yes      no

Please explain:

I give permission for the school doctor to perform required health examination (physical) if I do not provide evidence of current examination.        yes        no

I give permission for medical information on this page to be shared with teacher and related staff if necessary.        yes        no

Parent Guardian Electronic Signature and Date

*By typing name below, you are testifying that all information on this page is accurate to the best of your knowledge.*

Name \_\_\_\_\_ Date \_\_\_\_\_