BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

Student Registration Instructions

Student registrations will occur during the following hours, and by appointment only:
Monday through Friday, 9:00 am to 3:00 pm
at the Barker School District Main Office, located on Haight Road.

To register a student in the Barker Central School District, please contact Ms. Rachel Anderson at 716-795-3600 to receive a registration packet and more information on the process. The packet is also available for download at this link: www.barkercsd.net/studentregistration

****Once the packet is complete, please call Ms. Anderson at 716-795-3600 to set up an appointment to bring the paperwork and all necessary supporting documents in to begin the registration process.****

Parents must complete the Student Registration Packet to begin this process.
The following information is required to enroll your child:

- Proof of Age
- Proof of Residency (2 forms, see below for examples)
- A current copy of immunizations
- A copy of the child's health examinations performed by a Licensed NYS provider within one calendar year.

Two proofs of residency are required. Examples of acceptable proof of residency include:

- Current Utility Bill (gas, electric, water, phone)
- House Deed, Lease Agreement, Rental Statement
- Automobile Insurance/Registration
- Driver's license - This is required, but can also be used as proof of residency if the address is correct, and not a PO Box.

Student Registration Packet forms:

1. Student Registration Form (Front & Back)
2. Emergency Information Card (Front & Back)
3. Records Release Form, with full address & phone number of previous school attended
4. Home Language Questionnaire (Front & Back)
5. Technology Agreement
6. Health Form
7. Free & Reduced Meal Application

Barker Central School

1628 Quaker Road, Barker, New York 14012-0328

BLANK

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

Student Registration for: _____

Kindergarten - 12th Grade

Contact: Rachel Anderson **Email:** randerson@barkercsd.net **Phone:** 716-795-3600 **Fax:** 716-795-3611

DOCUMENTS REQUIRED TO REGISTER YOUR CHILD:

____1. **Birth Certificate** (Please bring original birth certificate, we will make a copy)
____2. **Guardian Driver's License** (can be used as residency proof if address is printed correctly and no PO BOX)
____3. **2 Forms of Residency**
- ___ Current utility bill (electric, gas, water, phone)
- ___ House deed
- ___ Current rental/lease agreement
- ___ Tax bill
- ___ Automobile insurance or registration
- ___ Government-issued mailings (child support, court, taxes)

____4. **Immunization Record & Current Physical** (these may be faxed to 716-795-9330 from a physician's office.)
____5. **Residential Custody/Guardianship Papers** (if applicable)
____6. **Most recent report card or transcript**
____7. **Grades to date, if entering during the school year**
____8. **Sports information** (if your child has played a sport in their previous school, and is interested in playing at Barker)

FORMS TO BE COMPLETED:

____1. Student Registration Form (Front & Back)
____2. Emergency Information Card (Front & Back)
____3. Records Release Form, with full address & phone number of previous school attended
____4. Home Language Questionnaire (Front & Back)
____5. Technology Agreement
____6. Health Form
____7. Free & Reduced Meal Application

Note: When there are unusual circumstances, such as a child living with a non-parent or noncustodial parent, you may be asked to fill out additional forms to be notarized and brought in at time of registration.

ALL MATERIALS WILL BE SUBMITTED TO THE PRINCIPAL FOR APPROVAL BEFORE REGISTRATION IS COMPLETE.

Principal:_____ **Date:**_____ **Start Date:**_____

Barker Central School

1628 Quaker Road, Barker, New York 14012-0328

BLANK

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

STUDENT INFORMATION FORM

Please *PRINT* all information and complete *ALL* sides of this form.

Student's Full Name on Birth Certificate: _____

Student's Gender on Birth Certificate: ☐ **Male** ☐ **Female** **DOB:** _____ **Age:** _____

Student's Preferred Name: _____ **Grade:** _____

Student's Gender Identity: _____ **Student's Preferred Pronouns:** _____

1st Language: _____ **2nd Language:** _____

Student's COUNTRY of birth: _____

Is the student an immigrant? **No** ☐ **Yes** ☐ **If yes, what date did they enter the US?** _____

Self Reported: Select 1: ☐ **Yes, Hispanic** ☐ **No, not Hispanic**

Select: ☐ **Caucasian/White** ☐ **American Indian/Alaskan Native** ☐ **Asian**

☐ **African American/Black** ☐ **Native Hawaiian/other Pacific Islander**

School History for Student

Name of last school attended: _____

Address of school: _____
Street City State Zip

Phone Number: _____

Has the student ever repeated a grade: **No** ☐ **Yes** ☐ **If yes, what grade?** _____

Has the student been suspended within the last 6 months? **No** ☐ **Yes** ☐ **Currently suspended** ☐

What year did the student enter 9th Grade? _____

Has the student ever attended Barker Central Schools? **No** ☐ **Yes** ☐ **Date left:** _____

Has the student been classified by the Committee on Special Education (has an IEP)? **No** ☐ **Yes** ☐

Is the student currently receiving any special education services? **No** ☐ **Yes** ☐

Please check any special program that they have been assigned:

☐ 504 Accommodation Plan
☐ IEP
☐ Resource Room
☐ AIS/RTI Services
☐ Consultant Teacher Services
☐ Special Class (Self-Contained)
☐ Counseling
☐ Bilingual Education/English as a New Language
☐ Speech Therapy
☐ Occupational Therapy
☐ Physical Therapy

Do you have other children currently attending Barker Central School? **No** ☐ **Yes** ☐

Siblings from Birth to age 21 LIVING WITH THIS STUDENT

Name	Date of Birth	Grade

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

STUDENT INFORMATION FORM (continued)

Student's Full LEGAL Name: _____

Parent/Guardian Information that RESIDES in Household with Child:

Contact #1's Full Name: _____

Gender Identity: _____ **Preferred Pronouns:** _____

Marital Status: ☐ **Single** ☐ **Married** ☐ **Separated** ☐ **Divorced**

Relationship to Student: ☐ **Mother** ☐ **Father** ☐ **Step-Parent** ☐ **Guardian/Other**

Phone Numbers: Cell Phone _____ **Land Line** _____

Work: _____ **Email Address:**_____

First Language: _____ **Second Language:** _____

****

Contact #2's Full Name: _____

Gender Identity: _____ **Preferred Pronouns:** _____

Marital Status: ☐ **Single** ☐ **Married** ☐ **Separated** ☐ **Divorced**

Relationship to Student: ☐ **Mother** ☐ **Father** ☐ **Step-Parent** ☐ **Guardian/Other**

Phone Numbers: Cell Phone _____ **Land Line** _____

Work: _____ **Email Address:**_____

First Language: _____ **Second Language:** _____

Emergency Contacts, other than listed above, who can be called in the event that the parent/guardian cannot be reached or is unavailable, and the student needs to be picked up from school.

Name	Relationship to Student	Phone Number

Parent/Guardian Signature_____ **Date:** _____

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

HOUSING QUESTIONNAIRE

Name of School: _____Barker Pratt Elementary _____Barker JR/SR High School

Legal Name of Student: _____
Last First Middle

Student's Preferred Name:_____

Gender Identity: _____ Preferred Pronouns: _____

Date of Birth: _____/____/_____ Grade: _____
Month Day Year

Street Address: _____ City/State/Zip_____

Mailing Address: _____City/State/Zip_____
(if different from Street Address)

Phone Number:_____ Work 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 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 **one** box.)*

- o In Permanent Housing
- o In a shelter
- o With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- o In a hotel/motel
- o In a car, park, bus, train or campsite
- o Other temporary living arrangements (Please describe): _____

_____

_____ _____
Print Name of Parent, Guardian or Student (for Unaccompanied homeless youth) Signature

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

PROOF OF RESIDENCY

Legal Name of Student: _____ **DOB:**_____

Student's Preferred Name: _____

Proof of Residency for each family registering students is required by the Barker CSD.
Please check the box that represents your residency status and provide proofs listed below.

Please provide **ONE** item from Category 1 and **ONE** item from Category 2.
NOTE: Each item **MUST** list the **RESIDENTIAL** address on it, not a **PO BOX**.

Category 1:

- **HOMEOWNER**
  - ☐ Mortgage Statement
  - ☐ Warranty Deed
  - ☐ School or Property Tax Bill
  - ☐ Home Insurance Policy
- **RENTER**
  - ☐ Lease Agreement
  - ☐ Notarized Statement from Landlord
  - ☐ Other notarized statement by at third party that establishes your physical presence in the District (Affidavit)
- **SHARED RESIDENCY**
  - ☐ Sharing a single-family residence or apartment with another family.
    (The Shared Residency Affidavit will be provided to you if it is determined that housing is not due to loss of residency because of hardship.)

Category 2:

- ☐ Pay Stub
- ☐ Utility Bills:
  - ☐ Gas/Electric
  - ☐ Water
  - ☐ Cable
  - ☐ Landline Telephone
- ☐ Income Tax Form
- ☐ Voter Registration Document
- ☐ Official State Issued Driver's License, Learner's Permit, or Non-Driver Identification
- ☐ Documents issued by Federal, State or Local Agencies, ie: Local Service Agency, Federal Office of Refugee Resettlement

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize _____
Parent/Guardian Previous School

to release the following information regarding _____
Last First Middle

whose date of birth is _____ and is in grade _____,
(Month/Day/Year)

to Barker Central School District, on this day _____.

___Birth Certificate
___Attendance
___Health Record/Immunizations
(Including Current Physical)
___CSE Records
___ 504 Records
___Latest Report Cards/5 Week Reports
___Key to Grading
___Graduation Requirements
___Science Labs (if applicable)
___Discipline
___Test Records
___Sports Information (if applicable)

_____ _____
(Parent/Guardian Name Printed) (Parent/Guardian Signature)

_____
(School Representative)

Grades Pre-K through 6th Records
Attn: Rachel Anderson
randerson@barkercsd.net
Fax: 716-795-3611

Grades 7th through 12th
Attn: Kelly Schnars
kschnars@barkercsd.net
Fax: 716-795-9665

All Special Education
Attn: Sherrie Wozniak
swozniak@barkercsd.net
Fax: 716-795-3283

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights & Privacy Act, Final Rule on
Educational Records, Federal Register, June 17, 1976, Volume 41, No. 118, page 24673)

NOTICE AND RECORDS REQUEST AUTHORIZATION

NOTICE

Please be advised that the provision of false information on this registration form could result in a perjury prosecution. In addition, the district reserves the rights to recover from parents, legal guardians or other responsible parties the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's schools without authorization and/or false pretenses. This includes costs for students receiving special education services, which are considerably higher and vary depending upon the specific program(s).

CERTIFICATION

I, _____, the parent/guardian of:

_____/_____ (Student's Legal Name/Preferred Name)
Declare under penalty of perjury that the above named student resides at the address shown on the document indicated above and attached student information form. I will notify the school within two weeks of residency changes and agree to provide a new residency proof and update signed statements at that time. Non-compliance may jeopardize continued enrollment.

FALSIFICATION OF ANY INFORMATION OR DOCUMENT REQUIRED FOR RESIDENCY VERIFICATION OR THE USE OF THE ADDRESS OF ANOTHER PERSON WITHOUT ACTUALLY RESIDING THERE MAY RESULT IN REVOCATION OF STUDENT ENROLLMENT AND POSSIBLE LEGAL ACTION FOR PERJURY.

AUTHORIZATION

I authorize the request of student records from the previous school and give permission to the Barker Central School District to verify telephone numbers and addresses. I understand that if the District believes that the information on this form is no longer accurate, or that the child being registered no longer lives at the address provided by myself, the Barker Central School District has the right under New York State Law to investigate and to withdraw that child from the Barker Central School District.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

CUSTODY DISCLOSURE FORM

When registering your child for school in the Barker Central School District, you will be required to provide, if applicable, your most recent Custody paperwork provided by NYS Family Court or other Court system.

Please check the current custody/guardianship arrangement:

- **1. Parents/Guardians are together, residing at the same residence.**
- **2. Single parent (Father and Mother ARE listed on the birth certificate.)**
- **3. Single parent (ie: Father IS NOT listed on the birth certificate.)**
- **4. Parents/Guardians are divorced/separated - Joint Custody**
- **5. Parents/Guardians are divorced/separated - Sole Custody**
- **6. Parents have never been married and have no legal custody papers**
- **7. Custody/Guardianship is transferred by courts**
- **8. Student is *emancipated* - Legal documentation MUST be provided**

Please check all that apply:

- **I have disclosed my current custody/guardianship arrangements**
- **I have attached a copy of those pages of the legal current custody agreements/court documents that describe custody.**
- **I understand that it is my responsibility to update my child's school records of changes in custody.**

Student's Legal Name:

_____

Last **First** **Middle** **Date of Birth**

Printed Parent/Guardian Name: _____

Sign Here: _____

Parent/Guardian Signature **Date**

Barker Central School

1628 Quaker Road, Barker, New York 14012-0328

BLANK

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

Student Health History Update

Name:_____ **DOB:**_____ **Age:** _____

Gender: ☐ **Male** ☐ **Female** ☐**Non-binary**

Parent/Guardian: _____ **Best Phone #:** _____

Has your child ever:	**NO**	**YES**	**If Yes, please explain:**
Had an ongoing medical condition	☐	☐	
Seen a medical specialist	☐	☐	
Had an operation	☐	☐	
Had an injury requiring Emergency Room Visit	☐	☐	
Had a bone/muscle injury	☐	☐	
Passed out, had a concussion or serious head injury	☐	☐	
Had a convulsion or seizure	☐	☐	
Had a vision problem or condition	☐	☐	☐ **Glasses** ☐ **Contacts**
Had a hearing problem or condition	☐	☐	☐ **Cochlear implant** ☐ **Hearing Aid**
Had Allergies:	☐	☐	☐ **Food** ☐ **Environmental** ☐ **Medication** ☐ **Insect** ☐**Other**
Have any family members under the age of 50 ever:	☐	☐	**If yes, please specify:**
Had a heart attack	☐	☐	
Had other serious health problems	☐	☐	

CHECK ALL THAT APPLY TO YOUR CHILD:

☐ **ADHD**
☐ **Asthma/Trouble breathing**
☐ **Autism/Asperger**
☐ **Dental Injuries**
☐ **Diabetes**
☐ **Ear Infections**
☐ **GI Conditions (ulcer, reflux, IBS)**
☐ **Headaches/Migraines**
☐ **Heart Conditions**
☐ **High Blood Pressure**
☐ **Mental Health Condition**
(depression, eating disorder, anxiety, OCD, ODD, etc.)
☐ **Scoliosis**
☐ **Single Organ** **(kidney/testicle)**
☐ **Skin Condition**
☐ **Speech Condition**
☐ **Urinary Condition**

Continued on back

Barker Central School

1628 Quaker Road, Barker, New York 14012-0328

Current Medications	Please list name, dose & time(s):		

***** BCS Needs Authorization to Dispense Medication. Regulations outlined in the Nurse Practice and State Education Law restricts the dispensation of medicine, even Tylenol, to students. If parents submit a written request to school authorities, accompanied by written authorization from a physician, then medicine can be given. The physician's note must indicate the frequency and dosage of the medication, and the nurse must have both parental and doctor authorization before the medication can be dispensed. In addition, the medicine must be delivered to the school nurse by the parent, not the child. Do not allow your child to bring medication on school grounds, including on the school bus. The temptation to "share" a single dose can be very dangerous. *****

Assistive Equipment	Please check all that apply:		
☐ Crutches	☐ Walker	☐ Wheelchair	☐ Other
Treatments:	☐ Insulin/Blood Glucose Monitoring	☐ Inhaler/Nebulizer/ Peak Flow Monitoring	☐ Special Diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐ No ☐Yes: _____

Please list any additional information or concerns: _____

_____

_____

_____

_____

_____

Parent/Guardian Signature: _____Date: _____

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

Office 365 Pro Plus - Student Advantage Parent Information

What is Office 365 Pro Plus and why does my child have this?

Office 365 ProPlus is an online software program that provides students with access to Microsoft Office Applications for their personal use in the public cloud.

The full version of Microsoft Office on the PC andMac are available for of/line use.

This is offered to students at no additional charge because the Barker Central School District pays for faculty and staff licenses through the Microsoft EES program.

Office ProPlus includes:

• Office 365 ProPlus for PC(Office 2013 base applications)

• Office 365 ProPlus for Mac (Office 2011 for Mac base applications)

• Office for /Pad

Each student receives a license that allows them to run Microsoft Office on up to 5 machines: PC, Mac, mobile devices and tablets.

What applications come with Office ProPlus for PC (2013)?

Word, Excel, PowerPoint, OneNote, Access, Publisher, Outlook, Lyne, lnfoPath

What applications come with Office ProPlus for Mac (2011)?

Word, Excel, PowerPoint, Outlook

How does my child access Office 365?

The account is tied to a valid Office365 login for students and is required to enable any of the Office ProP/us features. The district will set up this login with parental permission.

How long can my child access·this?

They have access until they graduate or stop attending the school district.

How will my child understand how to use Office 365 ProPlus?

They may use this in class or at home. They will be provided the login information.

What if something goes wrong while they are using Office 365 ProPlus?

They can access the Microsoft help info, contact a teacher or the Barker Central School Technology Department.

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

Office 365 ProPlus Student Advantage, Google Education & Schoology Account Creation Agreement

The Barker Central School District may provide Office 365 ProPlus and Google Education accounts to all students in grades Pre-K through 12. Students will be able to utilize the accounts while in school or on another device that has Internet connection They will also be able to use some of the tools offline. Please see information provided in the Parent Information Document.

As a school district, which operates under the Family Educational Rights and Privacy Act (FERPA) we are responsible for obtaining parental consent for the students' use of an Online Service for any student under 18 years of age.

Please indicate that you give permission for your child to have access to Office 365 ProPlus Student Advantage, Google Education & Schoology through the creation of accounts.

_____ Yes, I give permission for Barker Central School to create accounts for my child.

_____ No, I do not give permission for Barker Central School to create accounts for my child.

Please sign below to indicate that you have read and agree to the terms and conditions of this form. Return this form with your registration packet.

Print Student Name: _____ID#_____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

Date: _____ **Teacher:** _____ **Grade:**_____

HEALTH AND EMERGENCY INFORMATION

Student Name:_____ **Birthdate:** _____/_____/_____

Students Gender Identity: ☐ **Male** ☐ **Female** ☐ **Non-binary** ☐ **Other:**_____

Address: _____ **Bus #: AM** _____ **PM** ____

Student resides with: ☐ **Mother** ☐ **Father** ☐ **Other:** _____

**** LEGAL VERIFICATION OF GUARDIANSHIP IS NECESSARY IF OTHER THAN PARENT. CUSTODY PAPERS ARE REQUIRED TO BE UPDATED EVERY YEAR****

ADULTS RESIDING IN HOUSEHOLD

Full Name: _____ Full Name:_____

Relationship to Student: _____ Relationship to Student: _____

Email: _____ Email: _____

Phone: (H)_____(C)_____ Phone: (H)_____(C)_____

Employer: _____ Employer: _____

Employer Phone #:_____ Employer Phone #:_____

IN CASE OF EMERGENCY (Not Living in Household)

Please provide **TWO** names of people to contact in case of an emergency. These contacts will assume responsibility/transportation in absence of parent/guardian. This is very important and should be kept up to date.

1. Name: _____ Phone #: _____

   Relationship to student: _____ Address: _____

2. Name: _____ Phone #: _____

   Relationship to student: _____ Address: _____

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

HEALTH INFORMATION

Physician's Name: _____ Phone #:_____

Dentist's Name: _____ Phone #: _____

Diagnosed Medical Conditions: _____

_____

Allergies: _____

Please include reaction and if an EpiPen is needed

Medications: _____

Please include inhalers/antidepressants/cardiac/behavioral medications/EpiPens, etc.

Does your child wear glasses or contact lenses, have a hearing aid or hearing loss? ☐ **Yes** ☐ **No**

If yes, please specify: _____

Are there any family circumstances which might have an impact on your child's school performance?

☐ **No** ☐ **Yes:**_____

**** This information is kept in your child's confidential medical file and is shared only with appropriate members of the teaching team. You are invited to make an appointment with the School Nurse to discuss any sensitive information if you prefer. ****

CONSENT FOR EMERGENCY TREATMENT

In case of serious illness or the accident injury of my child, I request school personnel to contact me.

If the school is unable to reach me or the emergency persons listed, I hereby authorize officials of the **Barker Central School District** to make any arrangements deemed necessary for the emergency care of my child.

You must have a written physician's order for your child to take medication at school. This includes prescription medication such as inhalers, EpiPens, and over the counter medication including, but not limited to, cough drops, triple antibiotic ointment, hydrocortisone, cough syrup, Anbesol/Orajel, antifungal cream, topical analgesics, acetaminophen, and ibuprofen.

The school nurse will **NOT** dispense any medication without a written MD order and written parental consent.

_____ _____ _____ _____

Mother's (Female Legal Guardian's) signature Date Father's (Male Legal Guardian's) signature Date

**STUDENTS ENTERING PRE-K, K, 1st, 3rd, 5th, 7th, 9th, and 10th GRADE MUST HAVE AN UPDATED PHYSICAL AND IMMUNIZATION RECORD AT THE START OF THE SCHOOL YEAR. CERTAIN IMMUNIZATION BOOSTERS ARE REQUIRED FOR K AND 6th GRADERS. **

CONSENT TO SHARE INFORMATION

I give permission to the school nurse/designee to share information relevant to my child's condition with appropriate personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

_____ _____ _____ _____

Mother's (Female Legal Guardian's) signature Date Father's (Male Legal Guardian's) signature Date

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

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.

STUDENT NAME:		
First	*Middle*	*Last*
DATE OF BIRTH:		**GENDER:**
		❑ Male ❑ Female
Month	*Day*	*Year*
PARENT/PERSON IN PARENTAL RELATION INFO:		
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?	❑ 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?	❑ Parent 1 _____ *specify*		❑ Parent 2 _____ *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	_____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other	_____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other	_____ *specify*	❑ 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? _____

_____ 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:

Barker Central School

1628 Quaker Road, Barker, New York 14012-0328

Pratt Elementary uses PickUp Patrol for all Bus Changes, Early dismissals, Pickup Changes & After School Activities. You will receive a welcome email from PickUp Patrol to the email address you have provided. Please set up an account by following the links provided in the email.

All changes must be made by 1:00pm. Changes can be made in advance, and if a change is "permanent" for each day, you can update your child's "default" plan to reflect these changes.

If you have any questions, please contact Rachel Anderson at 716-795-3600 or email her at randerson@barkercsd.net. Thank you for your continued support of Pratt Elementary!

www.pickuppatrol.net

