Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, New York 14212

Welcome to Cheektowaga-Sloan Union Free School District!

Thank you so much for your interest in enrolling your son or daughter in our school district. Here is some information on the ways to enroll your child through our central registrar and the registration process:

Ways to Register:

1. **Online Registration:** please visit the following website - https://parentportal.wnyric.org/sloancsd - and click the "Online Registration" button to get started.

   If you have a child who already attends one of our schools, you should first login to your Parent Portal account and click "Register New Student."

2. **In Person** with a registration appointment with the central registrar at the district office. Please contact Angela Filipski at 716-891-6427.

3. **Completed Registration Packet**: All required forms are available at www.cheektowagasloan.org/registration. Mail, email or hand deliver copies of all completed registration forms and required documentation to prove guardianship and residency.
   a. You may email completed application to sloanregistration@csufsd.org,
   b. or mail to the following address:

   Cheektowaga-Sloan Union Free School District
   ATTN: Central Registrar
   166 Halstead Avenue
   Sloan, New York 14212

The Registration Process:

The registering parent or guardian will:

- Complete, in full, the registration packet [see registration checklist for full details]
- Provide originals for copy or photocopies of the original birth certificate and/or proof of guardianship
- Provide originals for copy or photocopies of three (3) proofs of residency
- Provide a copy of a current report card

The CSUFSD will:

- Review the registration forms, required documentation, and student records from the previous school to determine the appropriate placement and services for your child
- The building principal will contact you via phone to schedule a start date.

NOTE: The registration process can take up to 5 business days to complete. The process can be expedited if all of the forms and required documents are provided at the time of the initial registration.

Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, NY 14212

Date of Registration Meeting: _____**Registrar:** _____

REGISTRATION CHECKLIST

To complete Registration at Cheektowaga-Sloan Union Free School District, you will need to provide the Central Registrars Office with the following information:

Registering Student's Name:	
Parent/Guardian Name:	
Address of Residence:	

1. Registration Documents

- ☐ Completed Housing Questionnaire
- ☐ New York State Migrant Education Program – Parent Survey
- ☐ Completed CSUFSD Student Registration Form [white forms in packet]

2. Original Identification Documents or Photocopies

- ☐ ORIGINAL Registering Student Birth Certificate, Passport or Alien Card ***AND***
- ☐ Parent/Guardian Photo Identification, such as a valid Driver's License, Non-Driver's ID Card, Passport

3. Proof of Immunizations (must be provided within 15 business days)

- ☐ Doctor's Office Records with immunizations received and dates ***OR***
- ☐ Former school records showing proof of immunization

4. Current Physical by a NYS physician

- ☐ Health Certificate Appraisal Form signed by current physician [green form in packet]

NOTE: *if completed by family doctor must be dated within 12 months of the start date of school.*

NOT REQUIRED FOR STUDENTS ATTENDING:

Charter Schools
Parochial Schools

5. Three (3) Proofs of Residency: one (1) from List A and two (2) from List B

- ☐ **List A**: Homeowner's Agreement, Homeowners Insurance, House Deed, Housing Document, Lease Agreement, Mortgage Statement, Notarized Landlord Affidavit, Real Estate Statement, or Renters Insurance
- ☐ **List B**: Bank Statement, Car Insurance, Car Registration, Cell Phone Bill, Court or Agency Document, Government Benefit Document, Health Records, Non-Utility Bill, Payroll Statement, Property Tax Bill, Sale Contract, School Tax Bill, or Utility Bill

6. Academic Records

- ☐ Current report card ***AND***
- ☐ Records Release Form [pink form in packet]

7. Guardianship Documentation (if applicable)

- ☐ Family court documentation, such as custody, divorce and/or guardianship papers
- ☐ Foster Care Documentation (DSS-2999)

8. Special Education Placement (if applicable)

- ☐ CSE Documents, such as Individual Education Plan (IEP)
- ☐ Records Release Form [pink form in packet]

9. Programming Requests (if applicable)

- ☐ Special Interests and/or HS Course Request form [blue form in packet]

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: **CHEEKTOWAGA-SLOAN UNION FREE SCHOOL DISTRICT**

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female

Date of Birth: _____ /_____ /_____ (*Month Day Year*)

Grade: _____ (*preschool-12*)

ID#: _____ (*optional*)

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

If **ANY box other than "In Permanent Housing" is checked,** , then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

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

ATENCIÓN ESCUELAS Y DISTRITOS: Ofrezca asistencia a los estudiantes y familias para completar este formulario. Este formulario debería de ser incluido como la primera página de los materiales de inscripción que el distrito comparte con familias. No incluya este formulario en el paquete de inscripción sin advertencias apropiadas. Por ejemplo, tendrá que cambiar partes del paquete de inscripción que requieren que se entreguen prueba de inscripción antes de matricular. Estudiantes elegibles según el Acto de McKinney-Vento, no necesitan entregar prueba de residencia y otros documentos normalmente requeridos antes de matricular.

CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: **CHEEKTOWAGA-SLOAN UNION FREE SCHOOL DISTRICT**

Nombre de la Escuela: _____

Nombre del Estudiante: _____
Apellido Primer Nombre Segundo Nombre

Género: ☐ Hombre ☐ Mujer Fecha de Nacimiento: _____ / _____ / _____ Grado:_____ ID#: _____
Mes Día Año (jardín de infantes – 12) (opciónal)

Dirección: _____ Teléfono: _____

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Donde está el estudiante viviendo actualmente? (*Por favor marque **una** caja.*)

- ☐ En un refugio
- ☐ Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- ☐ En un hotel/motel
- ☐ En un carro, parque, autobús, tren, o camping
- ☐ Otra vivienda temporal (Por favor describa): _____
- ☐ En un hogar permanente

_____ _____
Nombre de Padre, Guardián, o Estudiante (para jóvenes sin acompañamiento) **Firma** de Padre, Guardián, o Estudiante (para jóvenes sin acompañamiento)

_____
Fecha

Si CUALQUIER caja que no sea "En un hogar permanente" está marcada, **no se requieren prueba de domicilio** u otros documentos normalmente requeridos para inscripción **y el estudiante debe ser matriculado inmediatamente**. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante **NO** vive en un hogar permanente, favor de asegúrese que una Formulario de Designación sea completado.

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/her child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent**.** Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"*With another family or other person" (also referred to as "doubled-up")"*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"*Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

HELPFUL CONTACTS

SPECIAL EDUCATION

For help with a special education matter, contact the Office of Special Education Quality Assurance or a PTI Center in your area.

Special Education Quality Assurance Regional Offices

- Central Regional Office (315) 428-4556
- Eastern Regional Office (518) 486-6366
- Hudson Valley Regional Office (518) 473-1185
- New York City Regional Office (718) 722-4544
- Western Regional Office (585) 344-2002
- Long Island Regional Office (631) 952-3352

Parent Training and Information Centers (PTI)

To find your Parent Training and Information Center visit: www.p12.nysed.gov/specialed/techassist/parentcenters.htm or www.parentcenterhub.org/find-your-center/

EARLY CHILDHOOD SERVICES

Early Childhood Direction Centers provide information about services for children, ages birth through five, who have disabilities. To contact the Center in your area, call (518) 486-7462

RUNAWAY OR HOMELESS YOUTH

For information, referrals, and crisis intervention, contact the National Runaway Switchboard at (800) RUNAWAY (786-2929)

HOUSING

For information about eviction prevention and public housing, contact the New York State Office of Temporary and Disability Assistance at (518) 473-1090

DOMESTIC VIOLENCE HOTLINE

- (800) 942-6906
- (800) 621-HOPE (4673) (*New York City residents*)

For help, ask your McKinney-Vento Liaison

JESSICA EMMERLING
Director of Special Education
(716) 891-6429
JEmmerling@cheektowagasloan.org

If blank, contact NYS-TEACHS for liaison information at 800-388-2014 or visit www.nysteachs.org/liaison

New York State Technical and Education Assistance Center for Homeless Students (NYS-TEACHS)

Call Toll-free:
(800) 388-2014

Email: info@nysteachs.org
Web: www.nysteachs.org

New York State Coordinator for Homeless Education

Melanie Faby
Email: melanie.faby@nysed.gov
Web: www.p12.nysed.gov/accountability/homeless

IS YOUR HOUSING UNCERTAIN?

DO YOU LIVE AT A TEMPORARY ADDRESS?

YOU HAVE IMPORTANT SCHOOL RIGHTS!

NYSTEACHS
NEW YORK STATE TECHNICAL AND EDUCATION ASSISTANCE CENTER FOR HOMELESS STUDENTS

ARE YOU LIVING...

- With relatives, friends, or others because you lost your housing, or because of economic hardship?
- In a shelter?
- In a motel or hotel because you have nowhere else to go?
- In inadequate housing?

You may be protected under the McKinney-Vento Act!

Children and youth in temporary housing have the right to:

- stay in the same school, including pre-k, and get free transportation even if it is across district lines;
- immediately enroll in school without records (school records, medical records, vaccination records, proof of residency);
- get special education services immediately if the student has a current Individualized Education Program (IEP);
- participate fully in school activities, including before- or after-school activities;
- get support services and help with things like school supplies through Title I;
- get free school meals without filling out an application;
- get help enrolling in pre-k, Head Start, other preschool programs, and Early Intervention; and
- get help preparing and applying for college.

F A Q

Frequently Asked Questions

Where can I get help?

Every school district must have a McKinney-Vento liaison to help students in temporary housing. Contact information for the liaison can be found on www.nysteachs.org/liaison.

Can a school require a student in temporary housing to show proof of residence to register for school?

No, if a student says they are homeless or in temporary housing, they must be enrolled immediately in school even if they don't have the papers normally needed, such as proof of residence, immunization records, a birth certificate, guardianship records, or school records.

Can a student who is living in temporary housing stay in the same school if they move out of the school district?

Yes, the student has the right to stay in the same school they went to when they were permanently housed.

Can a student enroll themselves in school?

Yes, if the youth is living in temporary housing and not with their parents or legal guardians (known as unaccompanied youth) they can enroll themselves in school.

What if a school doesn't enroll a student or provide busing because the district doesn't believe the student is homeless?

The school must immediately enroll the student and refer them to the district's McKinney-Vento liaison for help with the appeal process. Students have the right to appeal a school's decision, go to school, and get transportation until the appeal is decided.

If a student moves into permanent housing, can they stay in the same school?

Yes. A student can stay in the same school for the entire time they are in temporary housing and through the end of the school year in which they move into permanent housing.

CONTACTOS ÚTILES

EDUCACIÓN ESPECIAL

Para obtener ayuda en temas de educación especial, comuníquese con la Oficina de Aseguramiento de la Calidad de Educación Especial o con un Centro PTI de su zona.

Oficinas regionales de Aseguramiento de la Calidad de Educación Especial

- Oficina Regional Central (315) 428-4556
- Oficina Regional del Este (518) 486-6366
- Oficina Regional de Hudson Valley (518) 473-1185
- Oficina Regional de la Ciudad de Nueva York (718) 722-4544
- Oficina Regional del Oeste (585) 344-2002
- Oficina Regional de Long Island (631) 952-3352

Centros de Información y Capacitación para Padres (PTI)

Para encontrar un Centro de Información y Capacitación para Padres visite: www.p12.nysed.gov/specialed/techassist/parentcenters.htm o www.parentcenterhub.org/find-your-center/

SERVICIOS PARA LA PRIMERA INFANCIA

Los Centros de la Dirección de Primera Infancia brindan información sobre los servicios para niños con discapacidades, desde el nacimiento hasta los cinco años de edad. Para comunicarse con el Centro de su área, llame al (518) 486-7462

JÓVENES FUGADOS O SIN HOGAR

Para obtener información, remisiones e intervenciones de crisis, comuníquese con National Runaway Switchboard al (800) RUNAWAY (786-2929)

VIVIENDA

Para obtener información sobre recursos para evitar desalojos y viviendas públicas, comuníquese con la Oficina de Asistencia Temporal y Asistencia para Discapacitados llamando al (518) 473-1090

LÍNEA DIRECTA DE VIOLENCIA DOMÉSTICA

- (800) 942-6906
- (800) 621-HOPE (4673) (*Residentes de la Ciudad de Nueva York*)

Si necesita ayuda, consulte a su enlace McKinney-Vento

JESSICA EMMERLING
Director of Special Education
(716) 891-6429
JEmmerling@cheektowagasloan.org

Si está en blanco, comuníquese con NYS-TEACHS para recibir información sobre el enlace llamando al 800-388-2014 o visite www.nysteachs.org/liaison

Centro para Estudiantes Sin Hogar de Asistencia Técnica y Educativa del Estado de Nueva York (NYS-TEACHS)

Llame gratis:

(800) 388-2014

Correo electrónico:

Sitio web:

Coordinadora del Estado de Nueva York para la educación de estudiantes sin hogar

Melanie Faby **Correo electrónico:** melanie.faby@nysed.gov
Sitio web: www.p12.nysed.gov/accountability/homeless

¿SU SITUACIÓN DE VIVIENDA ES INCIERTA?

¿USTED VIVE EN UNA VIVIENDA TRANSITORIA?

¡USTED TIENE IMPORTANTES DERECHOS EDUCATIVOS!

NYSTEACHS
NEW YORK STATE TECHNICAL AND EDUCATION ASSISTANCE CENTER FOR HOMELESS STUDENTS

¿ESTÁ VIVIENDO...

- Con familiares, amigos u otras personas porque perdió su vivienda o por dificultades económicas?
- En un albergue?
- En un motel u hotel porque no tiene ningún otro lugar adonde ir?
- En una vivienda inadecuada?

Es posible que usted esté protegido por La ley McKinney-Vento.

Los niños y jóvenes que estén en una vivienda transitoria tienen derecho a:

- seguir asistiendo a la misma escuela, incluso los niños de prekínder, y tener transporte gratuito aun si deben traspasar los límites del distrito;
- inscribirse inmediatamente en la escuela sin documentación (certificados escolares, certificados médicos, certificados de vacunas, certificación de domicilio);
- obtener inmediatamente servicios de educación especial si el estudiante tiene un Programa de educación individualizado (IEP) vigente;
- participar plenamente en las actividades escolares, incluso en las que se realizan antes y después del horario escolar;
- recibir servicios de apoyo escolar y ayuda con artículos, por ejemplo, los útiles escolares, a través del Título I;
- acceder al servicio de comedores escolares sin completar ninguna solicitud;
- recibir ayuda para la inscripción en prekínder, en el programa Head Start y en otros programas para niños de prekínder; y
- recibir ayuda para prepararse y solicitar admisión a la universidad.

¡Pida ayuda a su enlace McKinney-Vento!

P F

Preguntas frecuentes

¿Dónde puedo obtener ayuda?

Cada distrito escolar debe tener un enlace McKinney-Vento para ayudar a los estudiantes que residen en viviendas transitorias. Puede encontrar la información de contacto para el enlace en www.nysteachs.org/liaison.

¿Puede una escuela pedirle a un estudiante que vive en una vivienda transitoria que presente certificación de domicilio para inscribirse?

No, si el estudiante manifiesta que no tiene hogar o que vive en una vivienda transitoria, la escuela debe inscribirlo inmediatamente incluso si no presenta la documentación normalmente necesaria, como certificado de domicilio, certificados de vacunas, certificado de nacimiento, certificado de tutoría legal o certificados escolares.

¿Puede un estudiante que está viviendo en una vivienda transitoria seguir asistiendo a la misma escuela si se mudó fuera del distrito escolar?

Sí, el estudiante tiene derecho a seguir asistiendo a la misma escuela a la que iba cuando tenía una vivienda permanente.

¿Puede un estudiante inscribirse por sí mismo en la escuela?

Sí, si el joven está viviendo en una vivienda transitoria y no está con sus padres o tutores legales (conocido como menor sin compañía de adulto o emancipado) se puede inscribir por sí mismo en la escuela.

¿Qué sucede si una escuela no inscribe a un estudiante o no le facilita el transporte escolar porque el distrito no cree que el estudiante es una persona sin hogar?

La escuela debe inscribir al estudiante inmediatamente y remitir el caso al enlace McKinney-Vento del distrito para obtener ayuda en el proceso de apelación. Los estudiantes tienen derecho a apelar la decisión de la escuela, ir a la escuela y tener transporte hasta que se decida la apelación.

¿Si un estudiante se muda a una vivienda permanente, ¿puede seguir asistiendo a la misma escuela?

Sí. El estudiante puede seguir asistiendo a la misma escuela durante todo el tiempo que esté en una vivienda transitoria y hasta finalizar el ciclo lectivo en el que se mudó a una vivienda permanente.

Cheektowaga-Sloan Union Free School District **STUDENT REGISTRATION FORM**

(This registration form can be downloaded and completed electronically at cheektowagasloan.org)

School student is registering to attend: JFK High School (9-12) _____ JFK Middle School (6-8) _____
Woodrow Wilson (3-5) _____ Theodore Roosevelt (Pre-K-2) _____
Charter/Private/Parochial (school Name): _____

Part A: HOUSEHOLD INFORMATION		
Head of Household Last Name:	Primary Language Spoke at Home	Move In Date
Street Address:		
City/State/Zip:		
Residence Type: ☐ Own ☐ Rent ☐ Lease ☐ Temporary Housing	If rent/lease, name of property owner:	
Household Email Address:	Primary Phone Number: ( ) ☐ Cell phone ☐ Unlisted	
Number of adults living in the household:	Number of children living in the household:	

Part B: STUDENT INFORMATION		
Student's Last Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Student's First Name:	Student's Middle Name:	Place of Birth:

Student is living with (check all that apply):

- ☐ Both Parents
- ☐ Mother only
- ☐ Father Only
- ☐ Lives with Relatives/Friends
- ☐ Foreign Exchange
- ☐ Foster Parents
- ☐ Other (Shelter, Doubled Up, Motel, Hotel, Car

Part C: STUDENT RACE & ETHNIC IDENTIFICATION

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

- ☐ **YES, Hispanic**
- ☐ **NO, not Hispanic**

Select one or more races from the following five racial groups: Check (√) all groups that apply to your child; please be sure to select at least one box.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American
- ☐ White

Part D: IMMIGRANT STUDENT DATA

If born in one of the following: The United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands, ***do not complete the rest of this section. The student is NOT an immigrant.*** Leave the rest of this section blank.

If not born in the United States or U.S. territories as listed above, you must COMPLETE the rest of this section.

Date of entry into the United States:	Date first enrolled in a U.S. School:
Location of first U.S. School enrollment:	
Name of School, City, and State:	

Please list other previous public or private school enrollments in one of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands. If no other school enrollments, please check the box below.

☐ This is the first time the student has enrolled in a U.S. school.

School 1 State/Territory:	Date From:	Date To:
School 2 State/Territory:	Date From:	Date To:

Part E: REGISTERING STUDENT'S EDUCATIONAL BACKGROUND

Has student ever attended Cheektowaga-Sloan UFSD? ☐ Yes ☐ No	If yes, provide school, grade and year:	
Previous School District:	Previous School:	Previous School Grade Levels:
Previous School Address:		Previous School Phone Number: ( )

Has/does the student:

repeated any grades? ☐ No ☐ Yes; grades: _____

been reviewed by CSE? ☐ No ☐ Yes; when: _____

have a current IEP? ☐ No ☐ Yes (please provide a copy)

Has the student ever received any special services?

☐ Special Education Services ☐ 504 Accommodation Plan ☐ Speech Therapy

☐ Academic Intervention Services (AIS) ☐ Physical Therapy ☐ Counseling

☐ English Language Learner (ELL) ☐ Occupational Therapy ☐ Gifted/Talented Program

☐ Other: _____

Has the student ever been suspended or removed from a school the student attended? ☐ No ☐ Yes; please explain

Does the student have any conditions or requirements (allergies, asthma, medications)? ☐ No ☐ Yes; please explain

Part F: ARMED FORCES

Is this student a child of a parent currently in the Armed Forces? ☐ No ☐ Yes, please fill out the information below

Name of parent:		**Circle One:**		**Circle One:**
Relationship to student:		Air Force Air Force Reserve Air National Guard Army Army Reserve Army National Guard Coast Guard Coast Guard Reserve	Marine Corps Marine Corps Reserve Navy Navy Reserve	Active Duty, Deployed Active Duty, Not Deployed Discharged Inactive Injured Killed in Action Retired Student Military Identifier Only Transitioning Out of Active Duty
Start date in military:	Location:			

Part G: PARENT/GUARDIAN INFORMATION

Name of Adult #1 Parent/Guardian: (NOTE: Parent/Guardian #1 must reside at the address indicated for the student above.)	Phone Number: □ Cell phone □ Unlisted ( )	Gender: □ M □ F
Employer's Name & Occupation:	Work Phone Number: ( )	

Relationship to Student: ☐ Natural Parent ☐ Step-Parent ☐ Legal Guardian (provide court documentation) ☐ Foster (provide LDSS-2999)	Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Separated ☐ Single	Relationship to ADULT # 2:

Name of Adult #2 Parent/Guardian:	Phone Number: □ Cell phone □ Unlisted ( )	Gender: □ M □ F
Address: (NOTE: Only complete address if different from student's residency information.)	City, State, Zip:	
Employer's Name & Occupation:	Work Phone Number: ( )	

Relationship to Student: ☐ Natural Parent ☐ Step-Parent ☐ Legal Guardian (provide court documentation) ☐ Foster (provide LDSS-2999)	Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Separated ☐ Single	Relationship to ADULT # 1:

Part H: CUSTODY

If there is a custodial parent/guardian who does not reside with the student:

- If Separated or Divorced, who has residential custody (documentation is required)? □ *Mother* □*Father* □*Both* □*Other*
- May the student be released to the non-custodial parent/guardian? □ Yes □ No
- May the student's educational records be released to the non-custodial parent/guardian? □ Yes □ No
- **Notes**: If the student or educational records relating to the student may not be released to the non-custodial parent/guardian, legal documents establishing such a prohibition must be provided to the main office by the first day of school, or any time there is a legal change in custody.
- Custodial Documentation provided at time of registration? □ Yes □ No

Describe any other custodial arrangements of which the District should be aware:

Part I: EMERGENCY CONTACT INFORMATION

In case of an emergency, please identify who should be contacted and in what priority, in the event the primary contact(s) is unavailable.
Do NOT include the guardians already listed on the previous page
Note: It is the responsibility of the parent/guardian to notify the school office of any changes to the information throughout the year.

Emergency Contact #1:	Phone: ( )	Relationship to Student:
Emergency Contact #2:	Phone: ( )	Relationship to Student:
Emergency Contact #3:	Phone: ( )	Relationship to Student:
Doctor/Health Care Provider:		Phone: ( )
Dentist:		Phone: ( )

If an accident or illness occurs, a parent will be informed immediately to come for your child. If unable to contact a parent and emergency room care is necessary, I would prefer that my child be taken to:

Hospital Name: _____

Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, NY 14212 | P: (716) 891-6402 | F: (716) 891-6435 | www.cheektowagasloan.org

ACKNOWLEDGEMENTS

A. Code of Conduct Policy I have read and understand the CSUFSD Code of Conduct provided in the district registration packet.	☐ **YES** ☐ **NO**
B. Technology Release & Acceptable Use Policy I have read and understand the CSUFSD Acceptable Use Policy (AUP) provided in the district registration packet. I give permission for my child to access Technology services within the Cheektowaga-Sloan Union Free School District.	☐ **YES** ☐ **NO**
C. Media Consent I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video recordings of the student named above by the Cheektowaga-Sloan UFSD. I also grant to Cheektowaga-Sloan UFSD the right to edit, use, and reuse said products for non-profit purposes, including use in print, on the internet, and all other forms of media. I also hereby release the Cheektowaga-Sloan UFSD and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above. Declining this media consent does not preclude the Cheektowaga-Sloan UFSD from using Directory Information as outlined in our annual notification and Board Policy at www.cheektowagasloan.org/our-district/annual-notifications.	☐ **YES** ☐ **NO**
D. Swimming Safety Advisory Education Law section 926, effective July 1, 2026, requires school districts to provide electronic or written information on water safety to parents/guardians at the beginning of each school year. Additionally, the school district must publish this information on its website. This information is included in the registration packet. I have read and understand the "Swimming Safety Information" provided in the district registration packet.	☐ **YES** ☐ **NO**

_____	_____	_____
Signature of Parent or Guardian of Student	Print Name of Parent or Guardian of Student	Date

- or -

_____	_____	_____
Signature of Student (If age 18+)	Print Name of Student	Date

Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, New York 14212

Proof of Residence Form

SECTION 1: Household and Student information			
Primary Parent/Guardian Full Name			
Enrolled Student(s) Full Name, Grade, and School	Student Name	Grade	School

SECTION 2: Address	
Address:	
City, State, Zip:	
Phone Number:	
Type of Residence:	____ Own / ____ Renting / ____ Lease from _____ to _____
	____ Single Family Home / ____ Multi--Family Home / ____ Apartment Building

Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, New York 14212

SECTION 3: Three Required Proofs of Residency - please include copies of the selected documents when submitting	
List A (Select 1)	***List B (Select 2)***
☐ ***Homeowner's Agreement***	☐ ***Bank Statement***
☐ ***Homeowners Insurance***	☐ ***Car Insurance***
☐ ***House Deed***	☐ ***Car Registration***
☐ ***Housing Document***	☐ ***Cell Phone Bill***
☐ ***Lease Agreement***	☐ ***Court or Agency Document***
☐ ***Mortgage Statement***	☐ ***Government Benefit Document***
☐ ***Notarized Landlord Affidavit***	☐ ***Health Records***
☐ ***Real Estate Statement***	☐ ***Non-Utility Bill***
☐ ***Renters Insurance***	☐ ***Payroll Statement***
	☐ ***Property Tax Bill***
	☐ ***Sale Contract***
	☐ ***School Tax Bill***
	☐ ***Utility Bill***

NOTICE: STATEMENT OF RESIDENCY

The Cheektowaga-Sloan Union Free School District has a very strict policy on who may attend its schools. The Board of Education of the Cheektowaga-Sloan Union Free School District has directed administrators to bill the parents/guardians of students illegally attending Cheektowaga-Sloan UFSD for the cost of the child's education. If the amount owed is not paid within 30 days, the district will pursue court action to recover this money and the district's expenses involved in investigating the residency issues. The amount charged will be calculated using a formula established by the State Education Department. ***The cost of educating a student in the Cheektowaga-Sloan Union Free School District ranged from $8,128 to $24,479 depending on grade level and program.*** *This amount usually increases each year.*

My signature below indicates that I have received a copy of the Cheektowaga-Sloan Union Free School District's policy on Non-Residents. I understand that if the district learns that either my child or I are not residents of the District, I will be liable for the costs of my child's education as described above. I am aware that the provision of any false information or fraudulent documents to the District may constitute a crime. I certify that I am a resident of the District, and that the information and documents provided in support of this application are accurate and truthful. I authorize the request of student records from prior schools on any and all children listed above and give permission to the District to verify any and all information provided in support of this application. I acknowledge that the District reserves the right to investigate, at any time, the accuracy of all information and documents submitted on any and all children listed above. I promise to promptly notify the District when any supporting information or document that has been provided to the District is no longer accurate or up to date. I understand that if the District discovers that my child/children are not a legal resident of the district, my child/children will not be permitted to attend District schools and I will be liable for the cost of education for each day attended as a non-resident.

I, the undersigned, state the information contained in this registration form is accurate to the best of my knowledge.

_____ _____

Parent 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
Month	*Day*	*Year*	☐ Female
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:
CSUFSD, 166 Halstead Ave., Sloan, NY 14212	
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:

CHEEKTOWAGA-SLOAN UFSD

166 Halstead Avenue / Phone# (716)-891-6404

Private, Parochial, and Charter School Transportation Request Form

School Year 2026-2027

New York State Education Law provides for the transportation of all students, within established limits, including those attending non-public schools. The Cheektowaga-Sloan Union Free School District surpasses minimum state walking distance mandates to help safeguard our students. Students are expected to walk a moderate distance to and from a corner bus stop. Therefore, a house stop should not be expected. Funds for transportation services are appropriated as part of the school district budget.

- **Due Date**: April 1, 2026 *(The filing of a late request may result in the denial of transportation services*. Please retain confirmation of a fax or email.)
- A separate form is required for each student requesting transportation.
- Requests must be renewed each school year the student will require bus service.
- **All students** requesting transportation to a private, parochial, or charter school must be formally registered with the Cheektowaga-Sloan Union Free School District. If you switch to a different school, you must complete a Transfer Request Form at: https://bit.ly/46ofrKt

---------- How to Submit This Form ----------		
Mail	**Fax**	**Email**
Cheektowaga-Sloan UFSD Transportation Office 166 Halstead Avenue Sloan, NY 14212	(716) 891-6435	choran@cheektowagasloan.org

Student Name:	
Date of Birth:	
Address:	
City:	
Zip Code:	
Phone Number:	
School Attending (September 2026):	
Grade Entering (September 2026):	
School Address:	
School Zip Code:	
School Phone Number:	
School Fax Number:	

Please Complete BOTH Sides

CHEEKTOWAGA-SLOAN UFSD

166 Halstead Avenue / Phone# (716)-891-6404

Private, Parochial, and Charter School Transportation Request Form

School Year 2026-2027

Parent Information			
Parent	**Custodial Parent**	**Resides in Household**	**Phone Numbers**
Mother:	☐ Yes ☐ No	☐ Yes ☐ No	Main #: Alt. #:
Father:	☐ Yes ☐ No	☐ Yes ☐ No	Main #: Alt. #:

Emergency Contacts		
Name	**Relationship**	**Phone Number**

For next school year, are you:	
• **Renewing the same transportation your child received this year?**	If yes, simply complete the above form and submit it to our school district office by the deadline of April 1.
• **Staying at the same school, and need to set up NEW transportation?**	If yes, you will need to complete a "Proof of Residency Form" at the following link: https://bit.ly/4euK6az
• **Changing to a different school?**	You will need to complete the "Transfer Request Form" at the following link: https://bit.ly/47sZRwf
• **Staying at the same school, but not residing at the same address?**	You will need to submit a "Change of Address" form with us to update our records. This form can be found on our website at the following link: https://bit.ly/3zwWLLf

I hereby certify that I am a resident of the Cheektowaga-Sloan Union Free School District, I am the legal parent or guardian of the above-named student, and I am requesting transportation for the 2026-2027 school year (9/2026 – 6/2027). I understand that this request is for the District's regularly scheduled school days only. Transportation will not be provided on days when the Cheektowaga-Sloan Union Free School District is closed.

_____ _____

Parent/Guardian Signature Required Date

Please Complete BOTH Sides

Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, NY 14212 | P: (716) 891-6402 | F: (716) 891-6435 | www.cheektowagasloan.org

Authorization for Release And Exchange of Information

Dear Parents/Guardians: *We are committed to protecting the privacy of you and your child. In order to properly serve your child's needs as a public school district, we are required to obtain any necessary information. This form provides your authorization and helps us to provide appropriate educational services and/or coordinate with outside agencies to meet the needs of your child. This disclosure is also made at the request of you, the parent/guardian.*

The following student has registered in the Cheektowaga-Sloan Union Free School District:

Student Name: _____ Date of Birth: _____ Grade: _____

Address_____ Phone Number_____

Previous School District Information:

District Name: _____ School Name: _____

Address: _____

Phone Number:_____ Fax Number: _____

I hereby authorize to release the following information to the Cheektowaga-Sloan Union Free School District for the above named student:		Please send ALL current student records to the central registrar at:
• **Academic Intervention Services (AIS)** • **Attendance Records** • **Complete Transcript** • **Current IEP** • **Current Report Card** • **Discipline Records** • **English as Second Language Assessment & Levels**	• **Medical reports/Immunization Data** • **Science Lab Minutes & Science Investigation Units** • **Standardized Test Scores/ State Assessments** • **Social work records** • **Withdrawal Grades to Date**	Cheektowaga-Sloan Union Free School District ATTN: Central Registrar 166 Halstead Avenue Sloan, NY 14212 Phone : 716-891-6427 Fax : 716-891-6435 Email: sloanregistration@cheektowagasloan.org

SPECIFIC UNDERSTANDINGS: *By signing this authorization form, you authorize the use or disclosure of your child's protected health information as described above. This information may be redisclosed if the recipient(s) described on this form is not required by law to protect the privacy of the information, and such information is no longer protected by federal health information privacy regulations. You have a right to refuse to sign this authorization. Your child's right to attend public school will not be affected if you do not sign this form. You have a right to see and copy the information described on this authorization form in accordance with district policies.*

If you sign this authorization, you will have the right to revoke it at any time, except to the extent that the service provider has already taken action based upon your authorization. To revoke this authorization, please write to the Cheektowaga-Sloan Union Free School District, Director of Accountability & Assessment, 166 Halstead Avenue, Sloan, New York 14212.

SIGNATURE: *I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.*

_____	_____	_____
Signature of Parent or Guardian of Student	Print Name of Parent or Guardian of Student	Date
_____	_____	_____
Signature of Student (If age 18)	Print Name of Student	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

PROGRAMA DE EDUCACIÓN PARA MIGRANTES DEL ESTADO DE NEW YORK

OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO

ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito, excursiones, escuela de verano, actividades de envolvimiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

1. **¿Se ha mudado usted o algún miembro de su familia de otro país, cuidad, pueblo o distrito escolar en los pasados 3 años? ☐ Si ☐ No**

2. **¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados tres (3) años? ☐ Si ☐ No**

☐ Cualquier trabajo Agrícola (como plantando, seleccionando, cosechando frutas o vegetales, cultivando o cortando flores o árboles). Trabajando en una lechería.

☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.

Si usted contestó que SI, por favor complete la siguiente información

Nombre del Padre, Encargado o Trabajador:_____

Dirección Física: _____

Teléfono: (_____)-_____-_____ Mejor tiempo para ser contactado _____ ☐ AM/ ☐ PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad_____ Grado_____

Nombre del estudiante: _____ Edad_____ Grado_____

Para someter este referido envíe vía facsímil al 716-673-3524
o, por correo al Fredonia Migrant Education Program W133 Thompson Hall SUNY Fredonia
Fredonia, NY