

20__ - 20__ TONAWANDA CITY SCHOOL DISTRICT
CHECKLIST FOR PRIVATE/PAROCIAL/CHARTER SCHOOL/PARENT TAUGHT

Name of Student _____ Male/Female (Circle One)

Grade _____ Name of School _____

When complete, please call 694-7690 to schedule a registration appointment.

REGISTRATION PACKET TO FILL OUT

- Registration Forms (Pages 2-4)
- Enrollment Form/Residency Questionnaire (Page 5)
- Home Language Questionnaire (HLQ) (Page 6 & 7) Language other than English _____

DOCUMENTS TO BRING

- Proof of Residency - one from EACH (A AND B)
 - (A) Signed lease **OR** mortgage agreement/statement **OR** deed of sale (if none available, a signed notarized statement from property owner is required stating how long residing in residence).
 - (B) Current bank statement/notarized statement (with Tonawanda zone address) **OR** Current utility bill or service hookup (cable, phone, electric, water or gas – with Tonawanda zone address) **OR** STAR/tax receipt (if applicable)

QUESTIONS

- Does your child receive ENL services? _____ (if yes, we will request HLQ from former district)
- Does your child receive any Special Ed. or 504 services? _____
Your child has the right to be referred and evaluated for the purposes of Special Education
- Are you or anyone in your household, considered migrant workers? _____

FOR OFFICE USE ONLY	
Appointment Date/Time _____	Person Preparing Packet _____
Date Packet Prepared _____	Date Given to DECA _____
Approval of DECA _____	Date Reviewed by DECA _____
Date Entered into eSchool _____	Date Given to Bldg Sec. _____
Transportation Request Sent _____	Anticipated Start Date _____
Sent to TonaCIO/Parent Taught sent to Clerk _____	Student Records Faxed _____

TCSD REGISTRATION FORM

Date of Entry _____ Grade Level _____ Student ID _____

Student's Name _____ Gender ____ M ____ F
Last First M.I.

Date of Birth _____ Place of Birth _____ Home Language: _____

Is the student Hispanic, Latino, or of Spanish origin? ____ No ____ Yes

Race (please check all that apply):
 Asian Black (not Hispanic) Hawaiian/Pacific Islander
 American Indian/Alaskan Native Multi-racial (pick all that apply)
 White (not Hispanic)

Is there a court order or separation agreement that governs custody of this child: ____ No ____ Yes
 If yes, a copy must be provided with this registration form (a notarized statement from each parent/guardian detailing time spent at each residence may also be required). Please provide information for mailing to joint/non-custodial parent or alternate address if necessary.

PARENT/GUARDIAN

____ Primary House Hold Contact (Household Head)
 Salutation: ____ Ms. ____ Mrs. ____ Mr. ____ Dr. ____ Other

 Last Name First M.I.

 Address _____

 City State Zip

Birth Year: _____ Birth Place: _____

Home Phone: _____
 Cell Phone: _____
 Work Phone: _____ Ext. _____
 E-mail Address: _____
 Occupation: _____
 Employer: _____

Marital Status: ____ Single ____ Married
 ____ Separated ____ Divorced

Relationship to Student:
 ____ Mother ____ Father
 ____ Step Mother ____ Step Father
 ____ Legal Guardian ____ Foster Parent
 ____ Group Home Contact ____ Other: _____

PARENT/GUARDIAN

____ Primary House Hold Contact (Household Head)
 Salutation: ____ Ms. ____ Mrs. ____ Mr. ____ Dr. ____ Other

 Last Name First M.I.

 Address _____

 City State Zip

Birth Year: _____ Birth Place: _____

Home Phone: _____
 Cell Phone: _____
 Work Phone: _____ Ext. _____
 E-mail Address: _____
 Occupation: _____
 Employer: _____

Marital Status: ____ Single ____ Married
 ____ Separated ____ Divorced

Relationship to Student:
 ____ Mother ____ Father
 ____ Step Mother ____ Step Father
 ____ Legal Guardian ____ Foster Parent
 ____ Group Home Contact ____ Other: _____

TCSD REGISTRATION FORM (CON'T)

SIBLINGS/OTHER CHILDREN LIVING AT SAME ADDRESS

Name	Sex	DOB	Grade	Present School

HAS STUDENT EVER ATTENDED TONAWANDA CITY SCHOOLS _____ NO _____ YES _____ YEAR

STUDENT EDUCATION BACKGROUND (INCLUDE PRE-SCHOOL INFORMATION)

Previous School Name	Previous School Address	Grades Attended

HAS STUDENT EVER BEEN RETAINED (REPEATED A GRADE)? _____ NO _____ YES
 IF YES, WHICH GRADE(S)? _____

HAS YOUR CHILD EVER RECEIVED AIS/IMPROVEMENT, SPECIAL EDUCATION (IEP), OR ESL SERVICES?
 _____ NO _____ YES

If YES, please complete the following:

STUDENT SPECIAL SERVICES & PROGRAMS

PLEASE CHECK (✓) ANY OR ALL SERVICES YOUR CHILD CURRENTLY RECEIVES.....

- SPEECH COUNSELING ENGLISH AS A NEW LANGUAGE (ENL)
 READING MATH OCCUPATIONAL THERAPY (OT)
 PHYSICAL THERAPY (PT) OTHER (PLEASE EXPLAIN): _____

COMMENTS OR REQUESTS: _____

TCS D REGISTRATION FORM (CON'T)

EMERGENCY CONTACT INFORMATION – (*other than parent/guardian*)

Name: _____
 Last Name First M.I.

Address: _____
 Street

 City State Zip

Relationship to Student: _____ Home Phone: _____
 Gender: _____ Cell Phone: _____
 Work Phone: _____

STUDENT CITIZENSHIP AND RESIDENCY

CITIZENSHIP STATUS: _____ U.S. CITIZEN _____ DUAL NATIONAL
 _____ NON-RESIDENT ALIEN _____ RESIDENT ALIEN
 _____ OTHER (EXPLAIN) _____

TYPE OF VISA CURRENTLY IN EFFECT: _____ EXPIRATION DATE: _____

DATE STUDENT ENTERED THE U.S.: _____ LAST COUNTRY OF RESIDENCE: _____

DATE STUDENT FIRST ENROLLED IN A U.S. SCHOOL: _____

PROOF OF RESIDENCY (*COMPLETED BY DISTRICT*)

TYPE OF PROOF PROVIDED:

I understand that it may be necessary for the Tonawanda City School District to verify this student’s residency at time of registration and from time to time in the future in order to provide him/her with a tuition free education. I grant permission for the address on this form to be verified. I further understand that it is my responsibility to report and provide proof of any change of this address.

 Signature of Parent/Guardian

 Date

ENROLLMENT FORM/RESIDENCY QUESTIONNAIRE

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: Tonawanda City School District

Name of School: _____

Name of Student: _____

Last First Middle

Gender: Male Date of Birth: ____ / ____ / ____ Grade: _____ ID#: _____
 Female *Month Day Year* *(preschool-12)* *(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.

HOME LANGUAGE QUESTIONNAIRE (HLQ)



Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
 In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<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"/> Mother _____ specify	<input type="checkbox"/> Father _____ 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 _____ <input type="checkbox"/> Does not speak specify
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read specify
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write specify

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 (CON'T)

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: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	