

TONAWANDA CITY SCHOOL DISTRICT
CHECKLIST FOR DISTRICT STUDENTS ATTENDING PRIVATE/PAROCHIAL SCHOOL

Name of Student _____ Grade _____ School _____

Male/Female

When complete please call 694-7690 ext. 1000 for a registration appointment.

I. STUDENT INFORMATION

- Completed Registration Form (3 pages)
- Enrollment Form/Residency Questionnaire
- Home Language Questionnaire Language other than English _____
- Original Birth Certificate

II. RESIDENCY (Complete sections A and B)

A. BOTH items are required:

- Valid NYS Driver’s License (with Tonawanda zone address **OR** NYS Non-Driver I.D. Card), Passport, Voter Registration, Income Tax Form **AND**
- 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. ONE item is required:

- 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)

**TONAWANDA CITY SCHOOL DISTRICT
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):
 White (not Hispanic) Asian Black (not Hispanic) Hawaiian/Pacific Islander
 American Indian/Alaskan Native Multi-racial (pick all that apply)

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

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

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: _____

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 SECOND LANGUAGE (ESL)

_____ READING _____ MATH _____ OCCUPATIONAL THERAPY (OT)

_____ PHYSICAL THERAPY (PT) _____ OTHER (PLEASE EXPLAIN): _____

COMMENTS OR REQUESTS: _____

EMERGENCY CONTACT INFORMATION – other than guardian

Name: _____
Last Name First M.I.

Address: _____
Street
_____ City State Zip

Relationship to Student: _____
Gender: _____

Home Phone: _____
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

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

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. 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.

ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Name of LEA: **Tonawanda City School District**

Name of School: _____

Name of Student: _____

Last

First

Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: ____

Month Day Year

Female

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 or 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 the student is **NOT** living in permanent housing, 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.

RETURN THIS SHEET AS A COVER TO GIVE US THE DATE OF EXIT FROM YOUR DISTRICT.



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office of P-12

**Lissette Colón-Collins, Assistant
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 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
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
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 _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <i>specify</i>

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
<i>District Name (Number) & School</i>	<i>Address</i>

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* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/>
*If yes, please explain: _____	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. <u>If referred for an evaluation</u> , has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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? _____	

 Signature of Parent or of Person in Parental Relation Month: _____ Day: _____ Year: _____
 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	
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 CSER RECOMMENDATION:	
