

PLEASE PRINT

REGISTRATION FORM

* PLEASE PRINT*

OFFICE USE ONLY	STUDENT ID# _____	PIN # _____	BLDG _____	SCHOOL YEAR _____
	GRADE _____	ENTRY DATE _____	COUNSELOR _____	HRM _____

STUDENT NAME _____ NICKNAME _____
(First) (Middle) (Last) (Jr / Sr / III / IV)

STUDENT MAILING ADDRESS _____
(Street) (City) (State) (Zip Code)
 911 ADDRESS _____
(Street) (City) (State) (Zip Code)

HOME PHONE (_____) _____ STUDENT CELL PHONE (_____) _____

BIRTH DATE _____ BIRTHPLACE _____ GENDER MALE FEMALE
(MM/DD/YYYY) (City, State, Country)

NAME OF LAST SCHOOL THIS STUDENT ATTENDED (INCLUDING Pre-K, Nursery or Day Care)

(School Name) (City, State)

HAS THIS STUDENT PREVIOUSLY ATTENDED AN ONEONTA CITY SCHOOL DISTRICT BUILDING (including pre-K program)?
 NO YES – indicate building / grade / yr _____

LANGUAGE SPOKEN AT HOME _____

Is this student Hispanic, Latino, or of Spanish Origin? (a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.) NO, not Hispanic YES, Hispanic

Please check (√) one or more races that apply to this student from the following racial groups:

American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander Black or African American White

PARENT/GUARDIAN INFORMATION	Guardian #1 (primary contact)	Guardian #2 (secondary contact)
Relationship to student (circle one)	Father Mother Step-parent Grandparent Other (specify) _____	Father Mother Step-parent Grandparent Other (specify) _____
Parent/Guardian Name (first, last)		
Home Phone		
Cell Phone		
Employer		
Work Telephone		
E-mail address		
Address and home phone same as student?	Yes No (if no, complete below)	Yes No (if no, complete below)
Street	_____	_____
City, State, Zip	_____	_____
Active Military? National Guard or Reserves?	Yes No Yes No	Yes No Yes No
Is student living with this parent/guardian?	Yes No	Yes No
Should this parent/guardian receive mailings?	Yes No	Yes No

If both parents do not reside in the same household, please answer below and provide documentation of custody agreement.

Custody is: Sole Joint Protection Order

Physical custody with _____

Legal custody with _____

OTHER CHILDREN IN THE FAMILY OR LIVING IN THE RESIDENCE

NAME _____ DOB _____ AT RESIDENCE Yes No
(First) (Middle) (Last) (MM/DD/YYYY)

NAME _____ DOB _____ AT RESIDENCE Yes No
(First) (Middle) (Last) (MM/DD/YYYY)

NAME _____ DOB _____ AT RESIDENCE Yes No
(First) (Middle) (Last) (MM/DD/YYYY)

NAME _____ DOB _____ AT RESIDENCE Yes No
(First) (Middle) (Last) (MM/DD/YYYY)

SCHOOL SERVICES

1. DOES THE STUDENT HAVE

AN INDIVIDUALIZED EDUCATION PLAN (IEP)? YES NO

504 PLAN ? YES NO

IF YES, PLEASE EXPLAIN: _____

2. DID THE STUDENT RECEIVE ANY OF THE FOLLOWING? CHECK ALL THAT APPLY:

- RESOURCE ROOM
- CONSULTANT TEACHER
- SPEECH/LANGUAGE SERVICES
- OCCUPATIONAL THERAPY
- PHYSICAL THERAPY
- SELF-CONTAINED CLASS
- ACADEMIC INTERVENTION SUPPORT (AIS)
- LEARNING CENTER
- COUNSELING
- OTHER

3. HAS THE STUDENT REPEATED A GRADE? NO YES IF YES, WHICH GRADE? _____

FIELD TRIP PERMISSION

I give permission for my child to attend all field trips for the current school year. I understand that I will be informed of any field trips as they occur during the school year.

PERMISSION TO TREAT

In the event of an emergency requiring medical attention I hereby grant permission for treatment to a physician or other hospital personnel designated by the Oneonta City School District. I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken. I also give permission to the Oneonta City School District to share health information about my child with building staff and/or EMS personnel as needed.

Student's Physician _____ Physician's Phone _____

Insurance Coverage _____
(name and group number)

Please list any medical conditions that need emergency care (bee stings, etc.) _____

BRIEF MEDICAL HISTORY

Contact Lenses YES NO Allergies _____

Medications _____

Emergency Contact #1 _____
Name Relationship Address Phone Number

Emergency Contact #2 _____
Name Relationship Address Phone Number

Emergency Contact #3 _____
Name Relationship Address Phone Number

I certify that all of the information on this registration form is true.

Signature of Parent/Guardian _____ Date _____

Signature of School Official who registered child _____ Date _____

Completed Forms must be mailed or returned directly to Melinda Murdock, Director of Universal Pre-Kindergarten 39 House Street Oneonta, NY 13820

Please understand that you may not get your first choice in programming. The total number of students enrolled in the program is contingent upon the New York State budget approval. If the number of applications received is greater than the number of spots available, a random selection process, similar to a lottery, will take place on April 22nd. Students not selected will be placed on a waiting list.

Child's Name _____

Parent(s) Name: _____

Street Address _____

City _____ Zip _____

Home Phone _____ Work/Other: _____

Please rank from 1 to 6, with 1 being your first choice, the order of your UPK preference:

_____ YMCA Pre-Kindergarten AM Program

_____ Bugbee Children's Center

_____ Opportunities for Otsego

_____ Otsego Christian Academy

_____ Springbrook: Kids Unlimited Preschool

_____ Yaks Youth Center

+++++PLEASE CLARIFY+++++

_____ I am only seeking free 2.5 hours of UPK for my child

_____ I am seeking free 2.5 hours of UPK and will need additional daycare for my child

+++++OFFICE USE ONLY+++++

Date Received _____



Lisette 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	<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>

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: 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: 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: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING
Mo. DAY YR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:
