



OFFICE USE ONLY	STUDENT ID	
	SCHOOL	
	GRADE	
	START DATE	

(1) STUDENT REGISTRATION FORM

School Year 2018-19

This registration must carry the Registrar's stamp before the student will be enrolled by the school.

PLEASE PRINT CLEARLY ON ALL REGISTRATION FORMS.

APPLICATION DATE	STUDENT'S NAME AS SHOWN ON BIRTH CERTIFICATE
___/___/___	

Last First Middle Suffix (Jr., II., etc.)

BIRTH DATE	GENDER	SOCIAL SECURITY <i>Optional</i>	NICKNAME <i>Optional</i>
___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female		

ETHNICITY Check those which apply. Required per 72 Fed. Reg. 59267

Hispanic Not Hispanic

RACE Check those which apply. Required per 72 Fed. Reg. 59267

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

STUDENT RESIDES WITH	IS THIS A TEMPORARY LIVING ARRANGEMENT?
<input type="checkbox"/> Parents <input type="checkbox"/> Custodial Mother <input type="checkbox"/> Custodial Father <input type="checkbox"/> Other Specify Relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS SCHOOLS ATTENDED (MOST RECENT SCHOOL FIRST)				
SCHOOL NAME	ADDRESS	PHONE	START DATE	END DATE
1)				
2)				
3)				

I certify that the information provided above is accurate and complete:

Parent/Guardian Signature

Date

Go on to next page

REGISTRATION OFFICE USE

	STAMP DATE		GRADE ASSIGNED	
	REGISTRAR SIGNATURE		1 ST YEAR IN USA SCHOOL	
	RETURNING STUDENT?	___ YES ___ NO	IMMUNIZATIONS DUE: DATE	
			BIRTH CERTIFICATE	

SCHOOL OFFICE USE

1 ST DAY ATTENDING CLASSES	STAFF INITIALS	GRADE	HOMEROOM	IMMUNIZATIONS DATE RECEIVED	FIRST POLIO	HEALTH ALERT	REFERRALS
				_____ <input type="checkbox"/> Waiver		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CSE <input type="checkbox"/> ELL <input type="checkbox"/> AIS
COUNSELOR	ADMIN	HOUSE	COHORT	NOTES:			



(2) CONTACT INFORMATION FORM

OFFICE USE ONLY	STUDENT ID		
STUDENT NAME		SCHOOL	GRADE

PART I: HOUSEHOLD INFORMATION FOR CUSTODIAL PARENTS OR GUARDIANS

FULL NAME OF PARENTS \ GUARDIANS	RELATIONSHIP	HOME PHONE	WORK PHONE & WORKPLACE	CELL PHONE	ACTIVE MILITARY
1)					<input type="checkbox"/> Yes <input type="checkbox"/> No
2)					<input type="checkbox"/> Yes <input type="checkbox"/> No

Prefix, Last, First, Middle, Suffix

STUDENT'S RESIDENTIAL ADDRESS (NOT POST OFFICE BOX)			RECEIVES MAIL?
Street 1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street 2			
City\ST\Zip			

MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS

LIST ALL CHILDREN AT THIS ADDRESS	GENDER	BIRTH DATE	SCHOOL	GRADE
1)	<input type="checkbox"/> Female <input type="checkbox"/> Male	__/__/__		
2)	<input type="checkbox"/> Female <input type="checkbox"/> Male	__/__/__		
3)	<input type="checkbox"/> Female <input type="checkbox"/> Male	__/__/__		
4)	<input type="checkbox"/> Female <input type="checkbox"/> Male	__/__/__		
5)	<input type="checkbox"/> Female <input type="checkbox"/> Male	__/__/__		

Last, First, Middle, Suffix

OTHER HOUSEHOLD MEMBERS	RELATIONSHIP

WHAT IS THE BEST PHONE NUMBER TO CALL IN AN EMERGENCY?	PERSON TO ASK FOR AND RELATIONSHIP TO STUDENT	WHAT IS THE BEST E-MAIL ADDRESS TO USE FOR OCCASIONAL COMMUNICATIONS & SCHOOLTOOL PORTAL?

PART II: HOUSEHOLD INFORMATION FOR NON-CUSTODIAL PARENTS OR GUARDIANS *(if applicable)*

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE WORKPLACE	CELL PHONE
ADDRESS				RECEIVES MAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information provided above is accurate and complete:

Parent\Guardian Signature

Date



**Guilderland Central School District Registration Form
(3-1/2) LANGUAGE AND SERVICES QUESTIONNAIRE**

REGISTRAR'S NAME _____

OFFICE USE ONLY		STUDENT ID	
STUDENT NAME		SCHOOL	GRADE
REGISTRATION DATE		START DATE	

LANGUAGE

	ENGLISH	OTHER <i>Please Specify</i>
What language(s) is spoken in the student's home?	<input type="checkbox"/>	
What language(s) is spoken most of the time TO the student in the home?	<input type="checkbox"/>	
What language(s) does the student understand?	<input type="checkbox"/>	
What language(s) does the student speak?	<input type="checkbox"/>	
What language(s) does the student read?	<input type="checkbox"/>	<input type="checkbox"/> Does Not Read
What language(s) does the student write?	<input type="checkbox"/>	<input type="checkbox"/> Does Not Write

What is the home language of each parent/guardian?	Mother/Guardian :	Father/Guardian:
Has this student ever participated in English Language Learner classes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Start Date ____/____/____ End Date ____/____/____	

IN YOUR OPINION, HOW WELL DOES THE STUDENT UNDERSTAND, SPEAK, READ AND WRITE ENGLISH?			
	VERY WELL	ONLY A LITTLE	NOT AT ALL
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICES

PLEASE INDICATE WHICH OF THE FOLLOWING SCHOOL SERVICES THIS STUDENT HAD AT HIS/HER PREVIOUS SCHOOL:				
Individualized Education Program <i>IEP</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
<i>(Has the student ever been referred for special education in the past)</i>	<i>If yes *</i> <input type="checkbox"/> Birth to 3yrs <input type="checkbox"/> 3 to 5yrs <input type="checkbox"/> 6 years and older			
Occupational Therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Physical Therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Speech or Language	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
504 Accommodation Plan	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Academic Intervention Services <i>AIS</i> <i>(School level referral)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Academic Intervention Services in Reading <i>(School level referral)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Academic Intervention Services in Math <i>(School level referral)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Enrichment Programs <i>(School level referral)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> I Don't Know

EDUCATIONAL HISTORY

The total number of years student has been enrolled in school:	<input type="checkbox"/> Homeschooled
Does the student have any difficulties or conditions affecting their ability to understand, speak, read or write in English or any other language?	<input type="checkbox"/> Yes <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Severe <i>Please explain :</i>
	<input type="checkbox"/> No <input type="checkbox"/> Not sure

PARENT NOTES PLEASE SHARE ANY ADDITIONAL INFORMATION THAT YOU FEEL THE PRINCIPAL OR TEACHERS SHOULD KNOW ABOUT YOUR CHILD



**Guilderland Central School District Registration Form
(3-2/2) LANGUAGE AND SERVICES QUESTIONNAIRE
ADDENDUM**

REGISTRAR'S NAME

OFFICE USE ONLY		STUDENT ID	
STUDENT NAME		SCHOOL	GRADE
REGISTRATION DATE		START DATE	

*** If a language other than English is indicated on the Home Language Questionnaire 3-1/2, please ask parents/guardians to complete this form and forward to the ESL teacher at the school which the new student will attend***

PLEASE DESCRIBE YOUR CHILD'S ENGLISH LANGUAGE SKILLS

WHAT IS THE FIRST LANGUAGE YOUR CHILD LEARNED TO SPEAK?

WHAT LANGUAGE DO YOU THINK YOUR CHILD IS MOST COMFORTABLE USING? PLEASE EXPLAIN

HAS YOUR CHILD EVER HAD ENGLISH LANGUAGE INSTRUCTION? IF SO, PLEASE PROVIDE TYPE AND LENGTH OF INSTRUCTION

PLEASE COMMENT ON YOUR CHILD'S STRENGTHS AND WEAKNESSES WHEN USING ENGLISH

I certify that the information provided above is accurate and complete:

Parent/Guardian Signature

Date

OFFICE USE ONLY

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: No Yes

DATE OF INDIVIDUAL INTERVIEW: __/__/__	OUTCOME OF INDIVIDUAL INTERVIEW:	<input type="checkbox"/> Administer NYSITELL <input type="checkbox"/> English Proficient <input type="checkbox"/> Refer to Language Proficiency Team
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NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL

ADMINISTRATION __/__/__

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

Original: School Office Copies to CSE Director, Language Supervisor, and/or ESL Teachers as appropriate. RegLanguageService Rev 12-11-2015



(4) TRANSPORTATION FORM (NEW REGISTRATION)

OFFICE USE ONLY	STUDENT ID		
STUDENT NAME		SCH	GR

School Year 2018-19

APPLICATION DATE	EFFECTIVE DATE
____/____/____	____/____/____

BIRTH DATE	GENDER	STUDENT'S NAME AS SHOWN ON BIRTH CERTIFICATE			
____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Suffix (Jr., II., etc.)</i>

I AM REQUESTING TRANSPORTATION FOR MY CHILD LISTED ABOVE AS FOLLOWS:

TO SCHOOL		
PICKUP AT (CIRCLE DAY OF WEEK)		DAYCARE / ALTERNATIVE LOCATION ADDRESS
HOME	DAYCARE / ALTERNATIVE LOCATION	
DAILY M T W TH F	DAILY M T W TH F	
PHONE#:	PHONE#:	

FROM SCHOOL		
DROP OFF AT (CIRCLE DAY OF WEEK)		DAYCARE / ALTERNATIVE LOCATION ADDRESS
HOME	DAYCARE / ALTERNATIVE LOCATION	
DAILY M T W TH F	DAILY M T W TH F	
PHONE#:	PHONE#:	

The District Policy allows us to provide no more than two (2) different pick-ups & drop-offs; EXAMPLE: Either at home residence or one (1) other designated location.

We recognize that occasions may arise when your child care arrangements cannot be made by APRIL 1. Requests made AFTER APRIL 1, 2017, however, may not be able to be provided.

I certify that the information provided above is accurate and complete:

Parent/Guardian Signature

Date