



<b>OFFICE USE ONLY</b>	STUDENT ID	
	SCHOOL	
	GRADE	
	START DATE	

# (1) STUDENT REGISTRATION FORM

School Year 2020-21

*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			
___/___/___	_____	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Suffix (Jr., II., etc.)</i>

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 <i>Specify Relationship _____</i>	<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:*

\_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian Signature* *Date*

**Go on to next page**

**REGISTRATION OFFICE USE**

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

**SCHOOL OFFICE USE**

1 <sup>ST</sup> 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

<b>OFFICE USE ONLY</b>	<b>STUDENT ID</b>		
<b>STUDENT NAME</b>		<b>SCHOOL</b>	<b>GRADE</b>

**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 \_\_\_\_\_

<b>OFFICE USE ONLY</b>		<b>STUDENT ID</b>	
<b>STUDENT NAME</b>		<b>SCHOOL</b>	<b>GRADE</b>
<b>REGISTRATION DATE</b>		<b>START DATE</b>	

**LANGUAGE**

	<b>ENGLISH</b>	<b>OTHER</b> <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 <b>TO</b> 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 <b>home language</b> of each parent/guardian?	<b>Mother/Guardian :</b>	<b>Father/Guardian:</b>
Has this student ever participated in English Language Learner classes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Start Date</i> ___/___/___ <i>End Date</i> ___/___/___	

<b>IN YOUR OPINION, HOW WELL DOES THE STUDENT UNDERSTAND, SPEAK, READ AND WRITE ENGLISH?</b>			
	<b>VERY WELL</b>	<b>ONLY A LITTLE</b>	<b>NOT AT ALL</b>
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**

<b>PLEASE INDICATE WHICH OF THE FOLLOWING SCHOOL SERVICES THIS STUDENT HAD AT HIS/HER PREVIOUS SCHOOL:</b>				
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"/> <b>Yes</b> <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Severe <i>Please explain :</i>
	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Not sure</b>

**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

<b>OFFICE USE ONLY</b>		<b>STUDENT ID</b>		
<b>STUDENT NAME</b>			<b>SCHOOL</b>	<b>GRADE</b>
<b>REGISTRATION DATE</b>		<b>START DATE</b>		

\*\*\* 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
----------------------------------------	----------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

**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 2020-21

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:

<b>TO SCHOOL</b>		
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#:	

<b>FROM SCHOOL</b>		
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, 2020, however, may not be able to be provided.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date