



Guilderland Central School District

OFFICE USE ONLY	STUDENT ID	
REGISTRAR'S SIGNATURE		

PRESCHOOL REGISTRATION FORM (Please check one) **KIDZ KORNER** **ST. MADELEINE SOPHIE**

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"/> Female <input type="checkbox"/> Male		

ETHNICITY & RACE *(Check those which apply)*

Hispanic Caucasian African-American Asian American Indian \ Alaskan Native Pacific Islander \ Hawaiian Native

STUDENT RESIDES WITH	LANGUAGE SPOKEN AT HOME
<input type="checkbox"/> Parents <input type="checkbox"/> Custodial Mother <input type="checkbox"/> Custodial Father <input type="checkbox"/> Other <i>Specify Relationship _____</i>	

PART I: HOUSEHOLD INFORMATION FOR CUSTODIAL PARENTS OR GUARDIANS *(RESIDING IN THE SAME HOUSEHOLD)*

FULL NAME OF PARENTS \ GUARDIANS	RELATIONSHIP	HOME PHONE	WORK PHONE & WORKPLACE	CELL PHONE
1)				
2)				

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			

EMAIL	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	___/___/___		

Last, First, Middle, Suffix

OTHER HOUSEHOLD MEMBERS	RELATIONSHIP

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
PRE-K LANGUAGE AND SERVICES QUESTIONNAIRE**

REGISTRAR'S NAME

OFFICE USE ONLY	STUDENT ID	
STUDENT NAME		
REGISTRATION 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>	If yes * <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