



Guilderland Central School District

OFFICE USE ONLY

STUDENT ID

REGISTRAR'S SIGNATURE

# PRESCHOOL REGISTRATION FORM (Please rank 1-4)

☐ YMCA/LYNNWOOD REFORMED CHURCH ☐ ST. MADELEINE SOPHIE

☐ CHRIST THE KING ☐ TSL ☐ MATER CHRISTI

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"/> Female <input type="checkbox"/> Male			
ETHNICITY & RACE (Check those which apply)				
<input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian \ Alaskan Native <input type="checkbox"/> 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	
Street 2				<input type="checkbox"/> No	
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 <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?	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
(Has the student ever been referred for special education in the past)	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> (School level referral)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified <input type="checkbox"/> I Don't Know
Academic Intervention Services in Reading (School level referral)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified <input type="checkbox"/> I Don't Know
Academic Intervention Services in Math (School level referral)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified <input type="checkbox"/> I Don't Know
Enrichment Programs (School level referral)	<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