

Grade Entered District	Current Grade	Initial Entry []	Change of Address []	Other []	<input type="checkbox"/> Enrollment Code _____
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Hewlett-Woodmere Public Schools NON-RESIDENT STUDENT REGISTRATION

STUDENT ID # _____

STUDENT INFORMATION

Last Name:		First:	Middle:	Birth Date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Current Home Address:				Move in Date: / /	Home Phone No.: ()	
Apt. #:	City:			State:	ZIP Code:	
Previous Home Address:			Apt. #:	City:	State:	ZIP Code:
Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No						

SCHOOL INFORMATION

School District Of Residence: _____
School Student Is Attending: _____ Grade: _____
School Address: _____

STUDENT'S ETHNICITY

(Designation of ethnicity is required for Federal and State Reporting.) **QUESTIONS (1) AND (2) MUST BE ANSWERED.**

- Is the student Hispanic, Latino, or Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
Check (✓) only ONE box: Yes Hispanic No, Not Hispanic
 - Select one or more races from the following five racial groups. For question (2) check (✓) all groups that apply to your child; **ONE BOX MUST BE CHECKED (✓).**
 - AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
 - BLACK OR AFRICAN AMERICAN :** A person having origins in any of the Black racial groups of Africa.
 - WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Relationship to Student [Please check (✓) ONE box below]:
 Mother Father Guardian Other (Specify): _____

I, THE UNDERSIGNED, ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE. ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR, PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Parent/Guardian Signature

Date

Student's Name: _____
 Last Name _____ First Name _____ Date _____

Hewlett-Woodmere Public Schools Contact Information

Parent/Legal Guardian Information: (Select One) **PRIMARY CONTACT**

MARRIED DIVORCED SEPARATED SINGLE WIDOWED REMARRIED

CONTACT'S NAME _____ RELATIONSHIP TO STUDENT _____ OCCUPATION _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL PHONE NUMBER _____

SAME ADDRESS AS STUDENT ADDRESS _____ CITY, STATE _____ ZIP _____

PARENT EMAIL _____ PREFERRED LANGUAGE _____

Parent/Legal Guardian Information: (Select One) CONTACT #

MARRIED DIVORCED SEPARATED SINGLE WIDOWED REMARRIED

CONTACT'S NAME _____ RELATIONSHIP TO STUDENT _____ OCCUPATION _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL PHONE NUMBER _____

SAME ADDRESS AS STUDENT ADDRESS _____ CITY, STATE _____ ZIP _____

PARENT EMAIL _____ PREFERRED LANGUAGE _____

Additional Contact: CONTACT #

CONTACT'S NAME _____ RELATIONSHIP TO STUDENT _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL PHONE NUMBER _____

Additional Contact: CONTACT #

CONTACT'S NAME _____ RELATIONSHIP TO STUDENT _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL PHONE NUMBER _____

Information required if Parent/Legal Guardian are not listed in the contacts.

Mother's Name _____ Home Phone Number _____ Cell Phone Number _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ Home Phone Number _____ Cell Phone Number _____

Address _____ City _____ State _____ Zip _____

If your marital status is anything other than married, please provide one of the following:

A Death Certificate Affidavit of Parental Responsibility

You may also request that the Registration & Attendance consider the following to confirm parental relationship:

Separation/Divorce Agreement, Custody Agreement, or a letter from the non-resident parent confirming their child's living arrangements.

Hewlett-Woodmere Public Schools

Release of Records

I, _____, as parent or legal guardian of:

_____, date of birth _____

Hereby give permission to:

SCHOOL DISTRICT OF RESIDENCE _____

SCHOOL STUDENT IS ATTENDING _____

And

Hewlett-Woodmere UFSD #14

to exchange information/release records regarding my child.

Parent or Guardian's Signature

Date

Hewlett-Woodmere Public Schools
Committee on Special Education
1 Johnson Place
Woodmere, NY 11598
(516) 792-4834
(516) 374-8243

Parent Nonpublic School Placement Acknowledgment/Consent Form

STUDENT NAME: _____ DOB: _____

CURRENT ADDRESS: _____

NAME OF PUBLIC SCHOOL DISTRICT OF RESIDENCE: _____

- I give permission for the Committee on Special Education to exchange all pertinent information, including my child's Individualized Education Services Program (IESP), with the school district in which I reside.

Parent Signature

Date



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colon-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:		

<i>First</i>	<i>Middle</i>	<i>Last</i>
DATE OF BIRTH:		GENDER:
_____	_____	<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
_____	_____	<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		

<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>
_____	_____	_____

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 _____ <i>specify</i>	<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 _____ <i>specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not write

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* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/>
*If yes, please explain: _____	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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:
<i>Signature of Parent or of Person in Parental Relation</i>	Date		
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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: <input type="checkbox"/> No <input type="checkbox"/> Yes							
**DATE OF INDIVIDUAL INTERVIEW: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OUTCOME OF INDIVIDUAL INTERVIEW:</td> <td style="padding: 2px;"><input type="checkbox"/> ADMINISTER NYSITELL</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> ENGLISH PROFICIENT</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM</td> </tr> </table>	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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	<input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM						
MO.	DAY	YR.					
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL							
NAME: _____	POSITION: _____						
DATE OF NYSITELL ADMINISTRATION: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</td> <td style="padding: 2px;"><input type="checkbox"/> ENTERING</td> <td style="padding: 2px;"><input type="checkbox"/> EMERGING</td> <td style="padding: 2px;"><input type="checkbox"/> TRANSITIONING</td> <td style="padding: 2px;"><input type="checkbox"/> EXPANDING</td> <td style="padding: 2px;"><input type="checkbox"/> COMMANDING</td> </tr> </table>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	<input type="checkbox"/> ENTERING	<input type="checkbox"/> EMERGING	<input type="checkbox"/> TRANSITIONING	<input type="checkbox"/> EXPANDING	<input type="checkbox"/> COMMANDING
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MO.	DAY	YR.					
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:							
