

DEPOSIT CENTRAL SCHOOL DISTRICT NEW STUDENT REGISTRATION FORM - PLEASE PRINT ALL INFORMATION

STUDENT'S LEGAL FIRST NAME	LAST NAME	MIDDLE NAME	NICKNAME
HOME ADDRESS:			
CITY, STATE & ZIP CODE:		COUNTY:	
DATE OF BIRTH:	GENDER:	EVER ATTEND NYS SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRE-K EXPERIENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE 1ST ENTERED 9TH GRADE:	
HISPANIC OR LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO			
RACE: <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> OTHER _____ PRIMARY LANGUAGE _____ FOREIGN EXCHANGE STUDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO			

RESIDENCY AND LIVING ARRANGEMENTS

STUDENT LIVES WITH: ☐ MOTHER ☐ FATHER ☐ STEPPARENT ☐ INSTITUTION * ☐ SELF ☐ FOSTER PARENT(S)*
☐ LEGAL GUARDIAN** ☐ OTHER ADULT _____ HOMELESS: ☐ YES ☐ NO
☐ *PROVIDE COPY OF PLACEMENT/COURT ORDER ☐ **PROVIDE COURT ORDER GRANTING LEGAL GUARDIANSHIP

IS THIS STUDENT BEING PLACED BY AN AGENCY ☐ YES ☐ NO NAME OF AGENCY _____
 HOW LONG WILL THIS STUDENT REMAIN IN THE FOSTER HOME? _____

LEGAL RESTRICTIONS ☐ YES ☐ NO IF YES, NOTE BELOW AND ATTACH COURT ORDER OR CUSTODY AGREEMENT

DOES THE PARENT WHERE THE STUDENT LIVES HAVE EDUCATIONAL RIGHTS ☐ YES ☐ NO
 IF NO, PLEASE LIST WHO HAS EDUCATIONAL RIGHTS _____

IS THE STUDENT'S RESIDENTIAL ADDRESS TEMPORARY: ☐ YES ☐ NO IF YES, PLEASE CHECK ONE:
☐ S - SHELTER ☐ D - DOUBLED UP (with another family) ☐ H - HOTEL/MOTEL ☐ T - TRANSITIONAL HOUSING
☐ A - AWAITING FOSTER CARE ☐ U - UNSHELTERED - (cars, parks, campgrounds, temporary trailer, abandoned building)
☐ O - NONE OF THE ABOVE, PLEASE SPECIFY _____

The answer you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

EDUCATIONAL HISTORY (LIST PREVIOUS SCHOOLS ATTENDED, IF APPLICABLE)

HAS STUDENT EVER ATTENDED THIS SCHOOL DISTRICT? ☐ YES ☐ NO
 WHAT GRADE (s) HAD THIS STUDENT PREVIOUSLY ATTENDED IN OUR DISTRICT _____

NAME OF SCHOOL DISTRICT ATTENDED	FROM	LAST DATE ATTENDED
ADDRESS:	CITY, STATE, ZIP	
PHONE:		

SPECIAL EDUCATION

DID YOUR CHILD RECEIVE SPECIAL EDUCATION OR OTHER SPECIALIZED SERVICES? ☐ YES ☐ NO

☐ IEP FOR LEARNING SUPPORT ☐ IEP FOR SPEECH SERVICES ☐ IEP FOR EMOTIONAL SUPPORT ☐ 504 SERVICE AGREEMENT ☐ OTHER

PLEASE CHECK ANY SERVICES THIS STUDENT HAS RECEIVED IN THE PAST: ☐ ESL SERVICES - IF CHECKED HOW MANY YEARS?

☐ OCCUPATIONAL THERAPY ☐ PHYSICAL THERAPY ☐ INSTRUCTIONAL SUPPORT (IST) ☐ REMEDIAL READING ☐ REMEDIAL MATH

☐ SPEECH SERVICES ☐ OTHER _____

FOR OFFICE USE ONLY: SCHOOL YEAR _____ ENROLLMENT DATE _____ GRADE _____ ENTRY CODE _____ STUDENT ID _____

BIRTH DATE _____ IMMUNIZATIONS PROVIDED ☐ HEALTH INFO TO NURSE ☐ VERIFICATION OF RESIDENCY ☐

ESL ☐ MIGRANT ☐ FOREIGN EXCHANGE ☐ TITLE 1 ☐ READING ☐ MATH ☐ IEP ☐ 504 ☐ HOME LANGUAGE SURVEY ☐

BUS INFO: AM BUS NO. _____ PM BUS NO. _____ WALKER _____ PARENT PICK UP _____

PRIMARY/CUSTODIAL PARENT MARITAL STATUS OF PARENTS (CHECK ONE) ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ NEVER MARRIED

LAST NAME:		FIRST NAME:		RELATIONSHIP:	
ADDRESS (IF DIFFERENT THAN STUDENT ADDRESS)					
CITY, STATE, ZIP CODE				SHOULD THIS PERSON RECEIVE SCHOOL MAILINGS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME PHONE:				CELL PHONE:	
PLACE OF EMPLOYMENT:		WORK PHONE:		E-MAIL ADDRESS (OPTIONAL):	
SECOND PARENT/GUARDIAN					
LAST NAME:		FIRST NAME:		RELATIONSHIP:	
ADDRESS (IF DIFFERENT THAN STUDENT ADDRESS)					
CITY, STATE, ZIP CODE				SHOULD THIS PERSON RECEIVE SCHOOL MAILINGS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME PHONE:				CELL PHONE:	
PLACE OF EMPLOYMENT:		WORK PHONE:		E-MAIL ADDRESS (OPTIONAL):	
ADDITIONAL PARENT/GUARDIAN					
LAST NAME:		FIRST NAME:		RELATIONSHIP:	
ADDRESS (IF DIFFERENT THAN STUDENT ADDRESS)					
CITY, STATE, ZIP CODE				SHOULD THIS PERSON RECEIVE SCHOOL MAILINGS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME PHONE:				CELL PHONE:	
PLACE OF EMPLOYMENT:		WORK PHONE:		E-MAIL ADDRESS (OPTIONAL):	

**IS EITHER PARENT ON ACTIVE DUTY IN THE ARMED FORCES (ARMY/NAVY/MARINES/COAST GUARD) ☐ YES ☐ NO

EMERGENCY CONTACTS – TO BE CONTACTED IN THE EVENT PARENT/GUARDIAN CANNOT BE REACHED AND WILL BE ADDED IN SCHOOLTOOL

LAST NAME:		FIRST NAME:		PHONE NUMBER:		RELATIONSHIP:	
CITY, STATE, ZIP CODE				CELL NUMBER:			
LAST NAME:		FIRST NAME:		PHONE NUMBER:		RELATIONSHIP:	
CITY, STATE, ZIP CODE				CELL NUMBER:			

FAMILY INFORMATION- LIST SIBLINGS/OTHER HOUSEHOLD MEMBERS UNDERAGE IS LIVING AT HOME

NAME:	GENDER:	DATE OF BIRTH:	GRADE:
NAME:	GENDER:	DATE OF BIRTH:	GRADE:
NAME:	GENDER:	DATE OF BIRTH:	GRADE:
NAME:	GENDER:	DATE OF BIRTH:	GRADE:

PARENT/GUARDIAN SIGNATURE

THE PARENT/GUARDIAN SIGNATURE BELOW VERIFIES THE ACCURACY OF ALL INFORMATION PROVIDED IN THIS REGISTRATION PACKET.

PARENT / GUARDIAN NAME PRINTED _____

PARENT/ GUARDIAN SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY: ☐ CUMULATIVE FILE FOLDER ☐ EMAIL TO REGISTRATION TEAM STAFF SIGNATURE _____

RECORDS INFORMATION: DATE REQUESTED _____ 2ND REQUEST _____ DATE RECEIVED _____

Deposit Central School District

AFFIDAVIT OF RESIDENCE

This document is only to be used for persons who have indicated that they live in permanent housing.

Name	
Address	
County	
Phone #	

I certify that I am a full-time resident at the above address in the following capacity:

(Please check the correct box)

Owner ☐ Tenant ☐ Resident ☐

I also certify that I am the parent/legal guardian of the following children:

Child's Name	Date of Birth	Grade

Resident Signature

Date

Telephone #

For office use only. Please check for proof of residency:

- ___ Lease or deed
- ___ Notarized statement from person who receives rent that the person above lives at the address
- ___ Signed letter from owner/landlord stating that the person above lives at the address
- ___ Paystub showing address
- ___ Income tax form showing address
- ___ Utility or other bill showing name and address
- ___ Driver's license or permit
- ___ Other: Government ID/Passport/Custody Papers

For office use only. Please check for proof of child's age:

- ___ Birth certificate
- ___ Hospital or Health Records
- ___ Driver's license
- ___ Other: Documents from federal/state/local agencies

Signature of Person Verifying: _____

Date: _____

Please share the completed document with each building secretary based on the ages/grades of children living in the residence.

Deposit Central School District

www.depositcsd.org

RELEASE OF RECORDS FOR NEW ENTRANT

Attn: _____
Name of Previous School/District Address/State

The following student(s) registered on _____ at the
Date

Deposit Middle/High School ☐

Deposit Elementary School ☐

Name of Student(s):	Grade	DOB	Check if the student was receiving special education services at previous district.	Date student entered 9 th grade, if applicable:

Please forward all available information including academic and testing records, discipline records, health records, psychological records, IEPs, 504s and other enrollment documents.

PARENTAL PERMISSION

I hereby give my permission for all records pertaining to my child(ren) to be copied and sent to:

Deposit Elementary School
171 Second Street
Deposit, NY 13754
607-467-2198 x 2300
Fax 607-467-4495

Deposit Middle/High School
171 Second Street
Deposit, NY 13754
Phone: 607-467-8513
Fax 607-467-8518

Documents may also be sent to the following email addresses in pdf form:

Deposit Elementary: jcornell@deposit.stier.org

Deposit MS/HS: rcampo@deposit.stier.org

Parent or Guardian Signature

Date

Relationship to Child(ren)

Deposit Central School District

www.depositcsd.org

IMAGE RELEASE FORM

The Deposit Central School District is pleased to celebrate the accomplishments of our children. As a result, student artwork, writing, photographs, videotapes and quotes may be used in the Deposit Central School District's print and electronic publications or by the media.

If you will allow this use both by the Deposit Central School District and the media, please check the box below on the left under "General Release".

If you do not want your child's artwork, writing, photograph, video, quote or name to be published, please check the box below on the right under "Opt Out".

Then complete the bottom of this form, sign it, and return it to the main office. We will keep this form on file throughout your child's school years, in either the Elementary or the Middle/High School. If at any time you change your mind regarding your decision, you can contact the school principal in order to fill out a new form.

Please pick which building

☐

ELEMENTARY SCHOOL

☐

MIDDLE/HIGH SCHOOL

GENERAL RELEASE

☐

I give permission to use my child's likeness/words in the form of artwork, writing, photographs, and video and/or audio clips in promotional publications for the Deposit Central School District and for media events.

OPT OUT

☐

I do not want my child's artwork, writing, photograph or video/audio clip published in any form by the Deposit Central School District.
**Example of this means no picture in yearbook, or name/picture in the local paper.

Student's Name: _____

Parent/Guardian's Name: _____
(Please Print)

Signature of Parent/Guardian: _____ Date: _____



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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
Month	Day	Year
<input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

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	_____
			specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	_____
	<input type="checkbox"/> Guardian(s)		_____
			specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not speak
			specify
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not read
			specify
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not write
			specify

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

Deposit Central School 171 Second Street, Deposit, NY 13754

District Name (Number) & School:

Address:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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* No Not sure

☐
☐
☐

*If yes, please explain: _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

☐
☐

No Yes – Type of services received: _____

Age at which services received (Please check all that apply):

☐

Birth to 3 years (Early Intervention)

☐

3 to 5 years (Special Education)

☐

6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ 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? _____

Signature of Parent or of Person in Parental Relation

Month: Day: Year:

Date

Relationship to student: ☐ Parent ☐ 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: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW: _____

MO.

DAY

YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

☐

ADMINISTER NYSITELL

☐

ENGLISH PROFICIENT

☐

REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____

POSITION: _____

DATE OF NYSITELL
ADMINISTRATION: _____

MO.

DAY

YR.

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: