

DEPOSIT CENTRAL SCHOOLS REGISTRATION FORM

PLEASE PRINT

* PLEASE PRINT*

OFFICE USE ONLY	STUDENT ID# _____	BUILDING _____	SCHOOL YEAR _____
	GRADE _____	ENTRY DATE _____	COUNSELOR _____ HRM _____

STUDENT NAME _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV) SEX: _____ DOB _____ (M / F) _____ (MM/DD/YYYY)

LAST SCHOOL ATTENDED _____ Date Left _____ Last Grade Completed _____

DATE 1st ENTERED GRADE 9 _____ EVER ATTEND NYS SCHOOL If yes, Indicate School / Yr _____ (if applicable)

Hispanic/Latino <input type="checkbox"/> YES <input type="checkbox"/> NO Select one or more: <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE	Primary Language _____
STUDENT RESIDENTIAL ADDRESS APARTMENT _____ COMPLEX _____ STREET _____ CITY _____ STATE _____ ZIPCODE _____ HOME PHONE _____ COUNTY _____	STUDENT MAILING ADDRESS (only if different than Residential) APARTMENT _____ COMPLEX _____ STREET _____ CITY _____ STATE _____ ZIPCODE _____ COUNTY _____
Is the Child's Residential address Temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, (Please Check one) <input type="checkbox"/> S - Shelter <input type="checkbox"/> D - Doubled-up (with another family) <input type="checkbox"/> H -- Motel / Hotel <input type="checkbox"/> T -- Transitional Housing <input type="checkbox"/> A - Awaiting Foster Care <input type="checkbox"/> U - Unsheltered (car, parks, campgrounds, temporary trailer, or abandoned buildings) <input type="checkbox"/> O -- None of above, other 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.	

G NAME _____ (Sal) _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV)

U APARTMENT _____ COMPLEX _____

A STREET _____

R CITY _____ STATE _____ ZIP _____

D HOME PH _____ WORK PH _____ WORK PH 2 _____

I MOBILE PH _____ E-MAIL _____

A NAME & ADDRESS of EMPLOYER _____

Receive Mailings YES / NO
Relationship to student _____
Living with Student YES / NO

G NAME _____ (Sal) _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV)

U APARTMENT _____ COMPLEX _____

A STREET _____

R CITY _____ STATE _____ ZIP _____

D HOME PH _____ WORK PH _____ WORK PH 2 _____

I MOBILE PH _____ E-MAIL _____

A NAME & ADDRESS of EMPLOYER _____

Receive Mailings YES / NO
Relationship to student _____
Living with Student YES / NO

If there are any custody restrictions of which we should be made aware, please specify.

TYPE of CONTACT Guardian / Emergency / Other
(Circle one)

C NAME _____
(Sal) (First) (Middle) (Last) (Jr / Sr / III / IV)
O APARTMENT _____ COMPLEX _____
N STREET _____
T CITY _____ STATE _____ ZIP _____
A HOME PH _____ WORK PH _____ WORK PH 2 _____
C MOBILE PH _____ E-MAIL _____
T

Receive Mailings
YES / NO
 Relationship to student

 Living with Student
YES / NO

TYPE of CONTACT Guardian / Emergency / Other
(Circle one)

C NAME _____
(Sal) (First) (Middle) (Last) (Jr / Sr / III / IV)
O APARTMENT _____ COMPLEX _____
N STREET _____
T CITY _____ STATE _____ ZIP _____
A HOME PH _____ WORK PH _____ WORK PH 2 _____
C MOBILE PH _____ E-MAIL _____
T

Receive Mailings
YES / NO
 Relationship to student

 Living with Student
YES / NO

OTHER CHILDREN IN FAMILY

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M/F) (MM/DD/YYYY) (Yes/No)
 NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M/F) (MM/DD/YYYY) (Yes/No)
 NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M/F) (MM/DD/YYYY) (Yes/No)
 NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M/F) (MM/DD/YYYY) (Yes/No)
 NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M/F) (MM/DD/YYYY) (Yes/No)

EMERGENCY INFORMATION

PHYSICIAN _____ PHONE _____ HOSPITAL CHOICE _____

ALLERGY ALERTS

LIST IF ANY _____

Student Name _____ Date _____

Signature of Parent/Guardian _____ Date _____

**Is either parent on Active Duty in the Armed Forces? (Army/Navy/Air Force/Marines/Coast Guard) Yes No

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	

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.



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

Lissette Colón-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:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

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:
Deposit CSD	
171 Second St. Deposit, NY 13754	
<small>District Name (Number) & School</small>	<small>Address</small>

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: Mother Father Other: _____

Deposit Central School District

<http://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. **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.**

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.

Student's Name: _____

Grade: _____

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

Signature of Parent/Guardian: _____

Date: _____