Newark Valley Central Schools
Nathan T. Hall - Registration Form

Completed by School

SNR_____ New____ Re____

Age_____ Sex M / F

Date enrolled_____

Grade_____ Bldg._____

Teacher_____

Homeroom_____

Bus # AM_____ PM_____

Pick up time_____

Drop off time_____

District Resident Y / N

Foster Placement Y / N

Student's Legal Name_____ Today's Date_____

Name or Nickname to be used_____

Birth Date_____ Birth Place_____

Complete Mailing Address_____ Home Phone_____

Apt#_____ Lot#_____ Town_____ State_____ Zip_____

Home Location_____ between_____ and_____
(Road/street) (Road/street) (Road/street)

Home Description (include where you live on your road/street and color, style and trim of home)

_____

_____

Bus Pick-up Location (please circle): Home Alternate Drop-off: Home Alternate

If Alternate:

Name_____ Phone_____

Address & Description_____

_____

Please complete this information so the school can contact you (e.g., emergencies, conferences):
Please list all persons currently living at the above address and write in their relationship to the above student, such as: (natural, step, half, adopted, or foster) parent/brother/sister, aunt/uncle, grandparent, friend, etc. (e.g., natural father, step-bother).

Please list those who have legal custody for the above student:

_____

_____

_____

_____

Full Name	Sex	Relationship to Student	Birthdate	Grade

Custodial Parent/
Guardian/Adult Name_____ Cell phone_____

Work Place_____ Phone_____

Email address_____

Best time and number to reach you during the day:

_____

Custodial Parent/
Guardian/Adult Name_____ Cell phone_____

Work Place_____ Phone_____

Email address_____

Best time and number to reach you during the day:

_____

In case of emergency and parents/guardians/adults cannot be reached, person(s) to call: We can only have two names listed for emergency contacts.

_____ Phone H/C_____ Relationship to student_____

_____ Phone H/C_____ Relationship to student_____

PLEASE COMPLETE REVERSE SIDE

SCHOOL TO COMPLETE

Records submitted:	Requested	Received
Transcript of Subjects	_____	_____
CSE/CPSE Records	_____	_____
Legal Documents (custody)	_____	_____

Records submitted:	Requested	Received
Birth Certificate	_____	_____
Health Records	_____	_____
Proof of Residency	_____	_____

Name & Home address for non-custodial parent_____

Home Phone: _____ Work Place: _____ Work Phone: _____

Are there any legal documents (or court orders) involving this parent's custody rights? Yes_____ No_____ If yes, please provide the school with all legal documents.

List other family members currently NOT living at above address with student (e.g., separated, divorced, step-parents, siblings no longer at home):

Full Name	Sex	Relationship to Students	Birthdate or age	Grade

Is a language other than English spoken in your home? Yes_____ No_____ (If yes, fill out Form A-14/Home Language Questionnaire)

What is this student's general attitude about school or, if entering K, beginning school? _____

_____

If entering K-3, has this student ever attended Pre-school, Nursery School, or Head Start? Yes_____ No_____

List program and age(s) of attendance: _____

_____

Has this student ever attended Newark Valley Central School? Yes_____ No_____ (If yes, list grade(s) attended):

_____

Name, address and phone number of last school attended: _____

_____

Has this student ever attended any other school district? Yes_____ No_____ (If yes, list schools and grades attended):

_____

Has this student ever been in special education program? Yes_____ No_____

Has this student ever been reviewed by the Committee on Special Education (CSE) or the Committee on Preschool Special Education (CPSE)?

Yes_____ No_____

Has this student ever received:	Speech/Language Therapy	Yes____ No____	Remedial (AIS) Reading	Yes____ No____
	Occupational Therapy	Yes____ No____	Remedial (AIS) Math	Yes____ No____
	Physical Therapy	Yes____ No____	Remedial (AIS) Writing	Yes____ No____

Has this student ever been evaluated for any special education, remedial, or preschool services? Yes_____ No_____

If yes to any of the special education/remedial questions, please note where and when: _____

_____

Is there any other information or special concerns you would like to share with us regarding this student? _____

_____

Has your child ever been in a Gifted or Talented Program? Yes____ No____ (If yes, which grade, year and for what program?) _____

We greatly appreciate your time in completing this registration form.

Signature_____ Relationship to student_____

Nathan T. Hall Elementary School

STUDENT HEALTH HISTORY UPDATE

Name:	DOB: Age: Grade:	Gender: ☐ M ☐ F
Parent/Guardian: (person completing this form)	Home Phone: Cell Phone:	Date:

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	☐	☐	
Seen a medical specialist	☐	☐	
Had allergies:	☐	☐	☐food ☐environmental ☐insect ☐medication ☐other
Been hospitalization	☐	☐	
Had an operation	☐	☐	
Had an injury requiring an Emergency Room visit	☐	☐	
Missed 5 days of school in a row due to illness/injury	☐	☐	
Had a bone/muscle injury	☐	☐	
Passed out, had a concussion or serious head injury	☐	☐	
Had a convulsion/seizure	☐	☐	
Had a vision problem or condition	☐	☐	☐ glasses ☐ contacts
Had a hearing problem or condition	☐	☐	☐ hearing aid ☐ cochlear implant
Worn dental bridge, braces or mouthpiece	☐	☐	
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please specify:**
Had a heart attack	☐	☐	
Had other serious health problems	☐	☐	

CHECK ALL THAT APPLY TO YOUR CHILD:

- ☐ ADHD
- ☐ Asthma/trouble breathing
- ☐ Autism/Asperger
- ☐ Dental Injuries
- ☐ Diabetes
- ☐ Ear Infections
- ☐ GI Conditions (ulcer, reflux, IBS)
- ☐ Headaches/migraines
- ☐ Heart Conditions
- ☐ High Blood Pressure
- ☐ Mental Health Condition (depression, eating disorder, anxiety, OCD, ODD, etc.)
- ☐ Scoliosis
- ☐ Single Organ (☐kidney, ☐testicle)
- ☐ Skin Condition
- ☐ Speech Condition
- ☐ Urinary Condition

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	☐	☐	
Taken at home	☐	☐	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school	☐	☐	☐crutches ☐walker ☐wheelchair ☐other:
TREATMENTS	**YES**	**NO**	
During or outside of school	☐	☐	☐insulin/blood glucose monitoring ☐inhaler/nebulizer/peak flow monitoring ☐special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐No ☐Yes:_____

Please list any additional concerns: (use back of sheet if necessary)_____

_____

Parent/Guardian Signature:_____ Date:_____

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ *Month Day Year* Grade: ____ *(preschool-12)* ID#: _____ *(optional)*

Address: _____ Phone: _____

The answer you give below 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.

Where is the student currently living? (*Please check <u>one</u> box.*)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

_____ _____

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

_____
Date

If <u>**ANY box other than "In Permanent Housing" is checked,**</u>, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled.** <u>**After**</u> the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

<u>**NOTE TO SCHOOLS/LEAS:**</u> If the student is <u>**NOT**</u> living in permanent housing, please ensure that a Designation Form is completed.

NEWARK VALLEY CENTRAL SCHOOLS

Registration Form Addendum

Always • All Ways LEARNING Always • All Ways

Name of School: ☐ Nathan T. Hall Elementary ☐ Middle School ☐ High School

Student Name_____
Last, First, Middle

School Districts are required to collect the following data for use for State and/or Federal Reporting.

REGARDING RACE/ETHNICITY:

For this question check (√) the box that best describes your child. Check only ONE box.

Is the student Hispanic, Latino or of 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.

☐ **YES, Hispanic**
☐ **NO, not Hispanic**

For this question, check (√) ALL groups that apply to your child. Check **at least** one box.

Select one or more races from the following five racial groups:

☐ **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 OF 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.

_____ _____
Signature of Parent/Guardian/Other Date

Relationship to Student (please check one box): ☐ Mother ☐ Father ☐ Guardian

Newark Valley Central Schools

Home of the Cardinals

PARENTAL CONSENT FORM

INTERNET USAGE

Please return this agreement to the principal indicating your permission or denial of permission for your student to use the school Internet access.

Dear Parent or Guardian,

One of the goals of our students is to effectively acquire and use information. As part of this information handling, it is necessary to provide access to electronic communication. Please realize that some resources on the Internet are uncensored and inappropriate for student use. The Newark Valley School District will not be held responsible for these materials. The purpose of electronic communication is for educational use only. Access of inappropriate resources at school will result in loss of all computer privileges. All attempts will be made to monitor and supervise student use, but students will ultimately be held responsible for their own behavior.

I give permission for _____ to use a student account at the Newark Valley Central School District which will provide him/her access to the Internet, a worldwide network of school computers. I agree that my child will use this account responsibly for educational purposes only. I have discussed with my child the Board adopted policy regarding acceptable use of the Internet.

I do not give permission for _____ to use a student account at the Newark Valley Central School District.

Student Last Name_____ First Name_____

Signature of Parent or Guardian_____ Date_____

Print Name: Parent or Guardian_____

Signature of Student (6^{th}-12^{th} grade)_____ Date_____

You may grant or deny permission at any time by contacting the principal and completing a new form.

****

NEWARK VALLEY CENTRAL SCHOOL DISTRICT
PUBLICATION RELEASE

Date_____

I give my permission as parent or guardian of _____ to print or publish pictures or films taken of the activities or work of this student.

Signature_____ Print Name_____

District Office
68 Wilson Creek Road
Newark Valley, NY 13811
Phone: (607) 642-3221
Fax: (607) 642-8821

Newark Valley High School
68 Wilson Creek Road
Newark Valley, NY 13811
Phone: (607) 642-8665
Fax: (607) 642-5292

Newark Valley Middle School
88 Whig Street
Newark Valley, NY 13811
Phone: (607) 642-5524
Fax: (607) 642-8494

Nathan T. Hall Elementary
86 Whig Street
Newark Valley, NY 13811
Phone: (607) 642-3340
Fax: (607) 642-5004

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:
Month	*Day*	*Year* ❑ Male ❑ 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?	❑ English	❑ Other	*specify*
2. What was the first language your child learned?	❑ English	❑ Other	*specify*
3. What is the Home Language of each parent/guardian?	❑ Parent 1 *specify*	❑ Parent 2 *specify*	❑ Guardian(s) *specify*
4. What language(s) does your child understand?	❑ English	❑ Other	*specify*
5. What language(s) does your child speak?	❑ English	❑ Other *specify*	❑ Does not speak
6. What language(s) does your chiid read?	❑ English	❑ Other *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other *specify*	❑ 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** ❑ *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? _____

_____ Month: Day: Year: _____
Signature of Parent or of Person in Parental Relation *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: