

TONAWANDA CITY SCHOOL DISTRICT  
CHECKLIST FOR DISTRICT STUDENTS ATTENDING PRIVATE/PAROCHIAL SCHOOL

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Male/Female

I. STUDENT INFORMATION

- Completed Registration Form (3 pages)
- Enrollment Form/Residency Questionnaire
- Home Language Questionnaire    Language other than English \_\_\_\_\_
- Original Birth Certificate

II. RESIDENCY (Complete sections A and B)

A. **BOTH** items are required:

- Valid NYS Driver’s License (with Tonawanda zone address **OR** NYS Non-Driver I.D. Card),  
Passport, Voter Registration, Income Tax Form **AND**
- Signed lease **OR** mortgage agreement/statement **OR** deed of sale (if none available, a signed notarized statement from property owner is required stating how long residing in residence).

B. **ONE** item is required:

- Current bank statement/notarized statement (with Tonawanda zone address) **OR**
- Current utility bill or service hookup (cable, phone, electric, water or gas – with Tonawanda zone address) **OR**
- STAR/tax receipt (if applicable)

**TONAWANDA CITY SCHOOL DISTRICT  
REGISTRATION FORM**

Date of Entry \_\_\_\_\_ Grade Level \_\_\_\_\_ Student ID \_\_\_\_\_

Student's Name \_\_\_\_\_ Gender  M  F  
Last First M.I.

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Home Language: \_\_\_\_\_

Is the student Hispanic, Latino, or of Spanish origin?  No  Yes

Race (please check all that apply):  
 White (not Hispanic)     Asian     Black (not Hispanic)     Hawaiian/Pacific Islander  
 American Indian/Alaskan Native     Multi-racial (pick all that apply)

Is there a court order or separation agreement that governs custody of this child:  No  Yes

If yes, a copy must be provided with this registration form (a notarized statement from each parent/guardian detailing time spent at each residence may also be required). Please provide information for mailing to joint/non-custodial parent or alternate address if necessary.

**PARENT/GUARDIAN**

Salutation:  Ms.  Mrs.  Mr.  Dr.  Other

\_\_\_\_\_  
Last Name First M.I.

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Birth Year: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status:  Single  Married  
 Separated  Divorced

Relationship to Student:

Mother  Father  
 Step Mother  Step Father  
 Legal Guardian  Foster Parent  
 Group Home Contact  Other: \_\_\_\_\_

**PARENT/GUARDIAN**

Salutation:  Ms.  Mrs.  Mr.  Dr.  Other

\_\_\_\_\_  
Last Name First M.I.

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Birth Year: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status:  Single  Married  
 Separated  Divorced

Relationship to Student:

Mother  Father  
 Step Mother  Step Father  
 Legal Guardian  Foster Parent  
 Group Home Contact  Other: \_\_\_\_\_

**SIBLINGS/OTHER CHILDREN LIVING AT SAME ADDRESS**

Name	Sex	DOB	Grade	Present School

HAS STUDENT EVER ATTENDED TONAWANDA CITY SCHOOLS \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ YEAR

**STUDENT EDUCATION BACKGROUND (INCLUDE PRE-SCHOOL INFORMATION)**

Previous School Name	Previous School Address	Grades Attended

HAS STUDENT EVER BEEN RETAINED (REPEATED A GRADE)? \_\_\_\_\_ NO \_\_\_\_\_ YES

IF YES, WHICH GRADE(S)? \_\_\_\_\_

HAS YOUR CHILD EVER RECEIVED AIS/IMPROVEMENT, SPECIAL EDUCATION (IEP), OR ESL SERVICES?

\_\_\_\_\_ NO \_\_\_\_\_ YES

If YES, please complete the following:

**STUDENT SPECIAL SERVICES & PROGRAMS**

PLEASE CHECK (✓) ANY OR ALL SERVICES YOUR CHILD CURRENTLY RECEIVES.....

\_\_\_\_\_ SPEECH                  \_\_\_\_\_ COUNSELING                  \_\_\_\_\_ ENGLISH AS A SECOND LANGUAGE (ESL)

\_\_\_\_\_ READING                  \_\_\_\_\_ MATH                  \_\_\_\_\_ OCCUPATIONAL THERAPY (OT)

\_\_\_\_\_ PHYSICAL THERAPY (PT)                  \_\_\_\_\_ OTHER (PLEASE EXPLAIN): \_\_\_\_\_

COMMENTS OR REQUESTS: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION – other than guardian**

Name: \_\_\_\_\_  
Last Name First M.I.

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_ City State Zip

Relationship to Student: \_\_\_\_\_  
Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**STUDENT CITIZENSHIP AND RESIDENCY**

CITIZENSHIP STATUS: \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_ DUAL NATIONAL  
\_\_\_\_\_ NON-RESIDENT ALIEN \_\_\_\_\_ RESIDENT ALIEN  
\_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

TYPE OF VISA CURRENTLY IN EFFECT: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DATE STUDENT ENTERED THE U.S.: \_\_\_\_\_ LAST COUNTRY OF RESIDENCE: \_\_\_\_\_

DATE STUDENT FIRST ENROLLED IN A U.S. SCHOOL: \_\_\_\_\_

**PROOF OF RESIDENCY**

TYPE OF PROOF PROVIDED:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that it may be necessary for the Tonawanda City School District to verify this student's residency at time of registration and from time to time in the future in order to provide him/her with a tuition free education. I grant permission for the address on this form to be verified. I further understand that it is my responsibility to report and provide proof of any change of this address.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**NOTE TO SCHOOLS/LEAS:** Please assist students and families filling out this form. 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.

## ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Name of LEA: **Tonawanda City School District**

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Last

First

Middle

Gender:  Male      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_\_

Month      Day      Year

Female

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 or other services.

**Where is the student currently living:** (Please check one 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 the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment **are not** required and the student is to be immediately enrolled. After 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.

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

**RETURN THIS SHEET AS A COVER TO GIVE US THE DATE OF EXIT FROM YOUR DISTRICT.**



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

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

HOME LANGUAGE CODE

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

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
_____	_____
<i>District Name (Number) &amp; School</i>	<i>Address</i>

