

Name of Student _____ Male/Female

Grade _____ School _____

When complete please call 694-7690 ext. 1000 for a registration appointment.

I. STUDENT INFORMATION

- Registration Form (Pages 2-4)
- Home Language Questionnaire (HQL) (Page 5 & 6)
 - Language other than English _____

II. RESIDENCY (Complete sections A and B)

A. **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)

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

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
 _____ check here if Head of Household
 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
 _____ check here if Head of Household
 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: _____

TCSD REGISTRATION FORM (CON'T)

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 NEW LANGUAGE (ENL)

_____ READING _____ MATH _____ OCCUPATIONAL THERAPY (OT)

_____ PHYSICAL THERAPY (PT) _____ OTHER (PLEASE EXPLAIN): _____

COMMENTS OR REQUESTS: _____

TCSD REGISTRATION FORM (CON'T)

EMERGENCY CONTACT INFORMATION – other than guardian

Name: _____
Last Name First M.I.

Address: _____
Street
City State Zip

Relationship to Student: _____ Home Phone: _____
Gender: _____ 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 (COMPLETED BY DISTRICT)

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

HOME LANGUAGE QUESTIONNAIRE (HLQ)



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

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
District Name (Number) & School	Address

HOME LANGUAGE QUESTIONNAIRE (CON'T)

<i>Educational History</i>
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 <input type="checkbox"/> <input type="checkbox"/> <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 referred for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i>
10b. <i>*If referred for an evaluation.</i> has your child ever received any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____
Age at which services received <i>(Please check all that apply):</i> <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? <i>(e.g., special talents, health concerns, etc.)</i> _____ _____ _____
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: Mother Father 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: _____ Mo. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
DATE OF NYSITELL ADMINISTRATION: _____ Mo. DAY YR.	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
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSER RECOMMENDATION: _____	