

Jericho Union Free School District

For all students registering into the Jericho Schools, the following documents are needed:

- Registration Application
- Release of Records
- Health History Update

Registration forms can be downloaded or can be picked up at the school buildings.

HS/MS – Counseling Center; Cantiague, Jackson & Seaman – Principal’s Office.

Once registration application forms are completed, please contact the appropriate building to schedule an appointment.

High School	516- 203-3600 x3336	Lois M. Smith
Middle School	516-203-3600 x3336	Lois M. Smith
Cantiague	516-203-3600 x7250	Gina Faust
Jackson	516-203-3600 x6240	Benny D’Aquila
Seaman	516-203-3600 x5280	Ivy Sherman

Registration Application – one copy must be filled out for each student you are registering.

Download: **Registration Application** (.pdf file)

When registering, you must bring official proof of age for each of your children (Birth Certificate with Raised Seal or Passport).

If you are the natural parent and are divorced you must also submit Court Custody/Guardianship papers.

If you are the legal guardian, you must submit the Court Order of Guardianship.

Residency Forms:

If you are a homeowner, you must submit proof of ownership (an original deed, or recent Nassau County paid tax bill).

If you are a renter, you must submit an original lease. If you are a renter with a rental agreement, you must submit a lease and **Affidavit of Landlord – Form B**. With Form B, you must get a copy of the Landlord’s deed for property or recent paid tax bill. You must also submit a **Renter’s Non-Owner Affidavit – Form C**. **Both Forms B and C must be notarized.**

In addition to proof of birth and residency, immunization and school report card/transcript must be presented at time of registration.

Transportation Application for Non-Public School

If your child is attending a non-public school, download and complete application. Proof of birth and proof of residency must be submitted at time of registration.

What should you do if you feel your child needs special education?

For additional information you may contact the PPS office at 516-203-3600 x3254 Dr. John Castronova or click on the following link for the Parent’s Guide for Special Education:

http://www.jerichoschools.org/departments/special_education/c_s_e_resources/

Jericho Union Free School District

Registration Application

School: _____ Grade _____ Today's Date: _____

PLEASE BRING ONE OF THE FOLLOWING WITH YOU TO SHOW PROOF OF CHILD'S AGE

Birth Certificate (with Raised Seal): U.S. ____ Other Country ____ Passport ____

Student Information

Student's Last Name _____ First Name _____ Middle Name _____
Sex: ____ Male ____ Female

Home Phone _____ Cell Phone _____ Date of Birth _____

Home Address _____

Town _____ Zip _____
Born in the USA: ____ Yes ____ No (if not, please complete next section)

Birth Place: _____

Complete only if Student was born OUTSIDE the USA:

Country of Birth _____ Date of Entry to USA _____ Date First attended US Schools _____

Since the student first entered the United States, has he/she ever attended a school outside of the United States? ____ Yes ____ No

If Yes, please provide dates: From: _____ To: _____
MM/YYYY MM/YYYY

From: _____ To: _____
MM/YYYY MM/YYYY

Race and Ethnic Identification:

Select one or more races from the following racial groups (check all groups that apply to your child: check at least one box)

- Latino or of Spanish origin (means a person of Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race).
- American Indian or Alaska Native (a person having origins in North and South America (including Central America).
- Asian (a person having origins in the Far East, South East Asia, or the Indian subcontinent including for example, China, India, Japan, Korea, Pakistan, the Philippine Island, and Vietnam).
- Black or African American (a person having origins in any of the Black racial groups of Africa).
- Native Hawaiian/Other Pacific Islands (a person having origins in any of the Hawaiian or other Pacific Islands).
- White (a person having origins in Europe, North Africa, or the Middle East).

Primary Language Spoken at Home _____

If the student's 1st language is NOT English, has he/she ever been in an ESL or LEP Program? ____ Yes ____ No

If YES, how many years have they been in the program: _____ Dates in Program: from: _____ / _____ to: _____ / _____
MM / YYYY MM / YYYY

Student's Educational Background

Last School Attended by Student: _____		
District Name _____	School Name _____	Counselor's Name _____
School Address _____		Prior School Phone Number _____
<input type="checkbox"/> High School Transcript <input type="checkbox"/> Latest Report Card <input type="checkbox"/> Educational Testing/Assessment Reports		
For CSE/504 Students		
<input type="checkbox"/> Latest IEP <input type="checkbox"/> Educational/Psychological Testing Reports <input type="checkbox"/> 504 Instructional Plan		

Has the student ever attended a school in the Jericho UFSD before? _____ Yes _____ No		
If Yes, School Attended: _____	Year: _____	Grade: _____
Guidance Counselor: _____		

<i>For High School Students Only:</i>	
Date student first entered the 9th grade: _____	MM/DD/YYYY

Parent/Guardian Information

Student lives with: _____ Both Parents _____ Father _____ Mother _____ Guardian _____ Other

Proof of Residency Required

Do You: _____ Own _____ Rent _____ Lease _____ Other	Move in date: _____
--	---------------------

When you come to register, you MUST show official photo ID such as a Driver's License or Passport of Parent or Guardian and two (2) proofs of residency (see below).

<p style="text-align: center;"><u>One of the following:</u></p> <input type="checkbox"/> Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Paid tax bill <input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Affidavit of Owner	<p style="text-align: center;"><u>One of the following utility bills:</u></p> <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Cable
<p>IMPORTANT: All renters and leasees must attach a copy of the paid tax bill of owner</p>	

The following question is required by the No Child Left Behind (NCLB) legislation, which requires that school districts identify homeless children and provide them with adequate support: Is this student homeless? _____ Yes _____ No

Parent / Guardian's Marital Status: _____ Married _____ Divorced _____ Separated _____ Single _____ Widow
If Divorced or Separated, documentation is required: _____ Joint Custody _____ Sole Custody _____ Residential Custody

Contact Information

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Father's Full Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Date of Birth</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Home Address (if different than student)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Home Phone (if different than student)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">e-mail address</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Place of Business</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Work Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Cell Phone</td> <td style="border-bottom: 1px solid black;">Work Phone</td> </tr> </table>	Father's Full Name	Date of Birth	Home Address (if different than student)		Home Phone (if different than student)		e-mail address		Place of Business		Work Address		Cell Phone	Work Phone	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Mother's Full Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Date of Birth</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Home Address (if different than student)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Home Phone (if different than student)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">e-mail address</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Place of Business</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Work Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Cell Phone</td> <td style="border-bottom: 1px solid black;">Work Phone</td> </tr> </table>	Mother's Full Name	Date of Birth	Home Address (if different than student)		Home Phone (if different than student)		e-mail address		Place of Business		Work Address		Cell Phone	Work Phone
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Place of Business																													
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Cell Phone	Work Phone																												

Emergency Information (If Parent/Guardians cannot be reached)

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Name</td></tr> <tr><td style="border-bottom: 1px solid black;">Relationship to Student</td></tr> <tr><td style="border-bottom: 1px solid black;">Home Phone</td></tr> <tr> <td style="border-bottom: 1px solid black;">Cell Phone</td> <td style="border-bottom: 1px solid black;">Work Phone</td> </tr> </table>	Name	Relationship to Student	Home Phone	Cell Phone	Work Phone	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Name</td></tr> <tr><td style="border-bottom: 1px solid black;">Relationship to Student</td></tr> <tr><td style="border-bottom: 1px solid black;">Home Phone</td></tr> <tr> <td style="border-bottom: 1px solid black;">Cell Phone</td> <td style="border-bottom: 1px solid black;">Work Phone</td> </tr> </table>	Name	Relationship to Student	Home Phone	Cell Phone	Work Phone
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Relationship to Student											
Home Phone											
Cell Phone	Work Phone										
Name											
Relationship to Student											
Home Phone											
Cell Phone	Work Phone										

Siblings / Other Children Living at Same Address

Name	Sex	Birthdate	Grade	Present School

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the Jericho School District as a legal district resident. I further understand that if my child is found not to be a legitimate resident of the Jericho School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I also realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.

Parent / Guardian Signature _____

Date _____

Note: All data submitted via the registration process is subject to verification by the district

Required at time of registration

- Student Immunization Record
- NYS required Physical Exam
- Completed Dental Exam

**Jericho Union Free School District
STUDENT HEALTH HISTORY & UPDATE**

NAME _____

D.O.B. _____

GRADE IN SEPT. _____

Please check if the student has ever had any of the following:

- | | | |
|--------------------------|-------------------------------------|--------------------|
| _____ Anemia | _____ Headaches | _____ Tuberculosis |
| _____ Asthma Allergies | _____ High Blood Pressure | _____ Jaundice |
| _____ Diabetes | _____ Heart Disease Murmur | _____ Seizures |
| _____ Chronic Cough | _____ Eye Problem | _____ Hearing Loss |
| _____ Kidney Disease | _____ Rheumatic Fever Joint Problem | _____ Stomach Pain |
| _____ Prolonged Bleeding | | |

Give dates and explanations for any conditions checked above _____

SINCE THE LAST PHYSICAL EXAMINATION HAS YOUR CHILD HAD ANY OF THE FOLLOWING?

	YES	NO
1. Any injuries requiring medical attention?	_____	_____
2. Any illness lasting more than 5 days?	_____	_____
3. Taking any medications/under physician's care?	_____	_____
4. Any feeling of faintness, dizziness, or fatigue after heavy exertion?	_____	_____
5. Wears glasses, contacts?	_____	_____
6. A surgical procedure/fracture?	_____	_____
7. Treatment in a hospital or emergency room?	_____	_____
8. Any reason this person should not participate in any sport?	_____	_____
9. Any excused absences from Phys. Ed.?	_____	_____
10. Any known allergies?	_____	_____
11. Any chronic disease?	_____	_____
12. Any head injury with or without loss of consciousness ?	_____	_____

If you answer "YES" to any of the above questions, please explain the reason below.

COMMENTS: _____

PARENT/STUDENT INFORMATION

Student Name: _____ D.O.B. _____ Sex _____

Parent/Guardian: _____ Phone #: _____

Home Address: _____ Alternate #: _____

Parent/Guardian Signature _____

Date _____

Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

AFFIDAVIT OF RESIDENCY FORM A

Homeowners: Must submit proof of ownership – original deed, mortgage statement or recent paid tax bill plus one recent utility bill.

Renters: Must submit your original lease or rental agreement, an Affidavit of Landlord – **Form B** (which must have a copy of your Landlord's deed mortgage statement or recent tax bill attachment), and a Renter's/Non-Owner Affidavit – **Form C**.

Other: If you are residing with either the homeowner or a renter, but do not pay rent, you must submit a signed written statement to that effect. The owner or renter that you are residing with must complete an Affidavit of Owner/Resident for the Non-Rental Resident – **Form D**. and submit with proof of ownership(s) or lease agreement.

STATE OF NEW YORK)

)ss:

COUNTY OF NASSAU)

_____, being duly sworn, deposes and says:
(Parent or Guardian's Full Name)

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that

_____ maybe be admitted to the Jericho School District as a district resident.
First and Last Name of Student

My relationship to the child is _____ (If legal guardian or custodian, attach a
Parent or Guardian or Custodian
copy of custody papers or court order).

2. I reside at: _____
Address

The following names include ALL children under the age of 21 living at this address that I am registering:

First and Last Name of Child	Date of Birth

This is my actual and only permanent residence. My child lives with me and this address is his/her actual and only permanent residence.

My current living arrangement is governed by: (Check appropriate box)

- Homeowner
 Lease or rental agreement. Date of expiration _____
 Other _____
Please specify

IMPORTANT: If you have a different parental relationship for one or more children on page 1 that you are registering, copy this page and complete separately for each child for whom you check on box below.

For _____
List all children's names in this parental relationship that you are registering

I am the (check one):

- _____ Natural parent(s) (If there has been a divorce, you must submit Court Custody Order)
_____ Legal guardian (Court Appointed must submit Court Order)
_____ Person in non-parental relationship (Must submit Form E1 and E2 – Parent Affidavit and Guardian Affidavits)

If the student is living with someone other than parent or legally appointed guardian, give address and telephone number of any living natural parents/guardians in the spaces below. NOT APPLICABLE ____ (Check)

Name _____ Relationship _____

Address _____ Zip _____ Phone # () _____

Name _____ Relationship _____

Address _____ Zip _____ Phone # () _____

- a) Does the student live in your home exclusively? Yes No
b) Is this a temporary relationship? Yes No
c) Is this a permanent relationship? Yes No
d) How often will the natural parents see the child? _____
e) What percentage of financial support will be made by the natural parents? _____
f) What percentage of financial support will be made by you? _____

I understand that this statement is being UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the schools of the Jericho UFSD as a legal district resident. I further understand that if my Child is found not to be a legitimate resident of the Jericho UFSD, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUTION RATE PER CHILD, RETROACTIVE to the first day of admission. I also realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.

Signature of Parent or Legal Guardian

Sworn to before me

_____ day of _____ 20_____

Notary Public

Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

AFFIDAVIT OF LANDLORD – FORM B

Attach a copy of Deed OR a recent Mortgage Statement OR recent Tax Bill for proof of ownership

STATE OF NEW YORK

)ss:

COUNTY OF _____

I, _____ being duly sworn, depose and say:

PRINT NAME OF LEGAL OWNER/LANDLORD

I am the legal owner/landlord _____

STREET ADDRESS

Town

State

Zip

The terms and conditions of said tenancy are as follows:

(Specify lease, rental agreement or other agreement and the date of expiration, if any):

My tenants _____ are domiciled at the above address.

Name(s) of Parent/Guardian/Custodian

The following names include ALL children under the age of 21 living at the above address:

First and Last Name of Child	Date of Birth

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that the above mentioned child(ren) may be admitted to the Jericho UFSD as a legal district resident.

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

PRINT NAME OF LEGAL OWNER/LANDLORD

SIGNATURE OF LEGAL OWNER/LANDLORD

Sworn to before me this

_____ day of _____ 20_____

NOTARY PUBLIC

Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

RENTER'S/NON-OWNER AFFIDAVIT – FORM C

If your living arrangement is governed by a formal lease or rental agreement, attach a copy of it to this. You must also submit an Affidavit of Landlord – Form B

If you do not have a lease or rental agreement, you must submit both an Affidavit of Landlord – Form B and an Affidavit of Owner/ Resident for the Non-Rental Resident – Form D.

STATE OF NEW YORK)

)ss:

COUNTY OF NASSAU)

Student's Name (Print Last Name, First Name)

I, _____ being duly sworn, depose and say:
Name of Parent/Guardian/Custodian

I am the _____ of the above named Child. I reside at:
Parent/Guardian/Custodian

Address

The following names include ALL children under the age of 21 living at the above address:

First and Last Name of Child	Date of Birth

This is my actual and only permanent residence. My child lives with me and said address is his/her actual and only permanent domicile. I commenced residence at said address on _____

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the Jericho UFSD as a legal district resident. I further understand that if my Child is found not to be a legitimate resident of the Jericho UFSD, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first date of admission. I also realize that the theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.

Sworn to before me this

_____ day of _____ 20_____

Signature of Renter/Non-Owner

NOTARY PUBLIC

Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

AFFIDAVIT OF OWNER/RESIDENT FOR THE NON RENTAL RESIDENT – FORM D

This form is to be submitted. If you are living in an arrangement where you do not have a formal lease or rental agreement and is to be filled out by the legal owner or renter of the property. Forms A, B, C and D must also be submitted, along with the associated documents.

STATE OF NEW YORK)

)ss:

COUNTY OF NASSAU)

Student's Name (Print Last Name, First Name)

I, _____ being duly sworn, depose and say:
Owner/Resident residing in the Jericho UFSD

I currently reside at:

Street Address

Town

Zip Code

The following persons reside with me. Please print the first and last names below:

First and Last Name of Child	Date of Birth

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that the above mentioned, child(ren) may be admitted to the Jericho UFSD as a legal district resident.

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Sworn to before me this

_____ day of _____ 20_____

Print Name(s) of Legal Owner/Resident

Signature of Legal Owner/Resident

NOTARY PUBLIC

Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

GUARDIAN AFFIDAVIT

FORM E

(Page 1 of 2)

This form shall be completed for students living in the Jericho UFSD who do NOT live in the home of their parents or guardians. THIS FORM SHALL BE COMPLETED BY AN ADULT WITH WHOM THE STUDENT IS LIVING WITH.

1. I am the _____ of _____
Relationship to child Name of child

2. I reside at _____
Address of guardian

3. Please state why the child(ren) is living with you.

4. Explain the duration of the living arrangement (permanent, indefinite to be terminated upon a specific date, action or event)

5. Describe any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate.

6. Please indicate who is to be notified for any issues pertaining to the child's health, welfare, and education (provide relationship, name, address and phone number).

GUARDIAN AFFIDAVIT

FORM E
(Page 2 of 2)

7. Describe who will assume full responsibility for all matters relating to the child's education and medical care (if more than one individual, please indicate:

8. In the event it is discovered that the applicant is not a resident of Jericho UFSD, I agree to be responsible for the tuition costs for the child to attend Jericho UFSD.

I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature of Parent/Legal Guardian/Legal Custodian: _____

Sworn to before me

_____ day of _____ 20_____

Notary Public

Jericho Union Free School District

99 Cedar Swamp Road
Jericho, NY 11753

RELEASE OF RECORDS

To:

Name of Agency

Address

I, the undersigned parent or legal guardian for pupil of 18 years or older of:

grant permission to the above agency to release to:

The Jericho School District
99 Cedar Swamp Road
Jericho, NY 11753

Attn:

Name of Appropriate Individual

the following records:

General School Records, including Health
Transcript of grades

Other standardized test scores
Psychological and Academic Evaluations, I.E.P.
and any other pertinent information

Copies of laboratory reports for science courses
Health records
Regents/Competency Test results
Records of Committee for Special Education

Other

Release is to be made for the following purpose(s):

Signature

Address

State of _____, County of _____
appeared before me known to the person whose signature appears above and (s)he acknowledged to me that (s)he signed the foregoing release.

This release will be in effect for six (6) months from the date of signing unless otherwise revoked.

Note: Pupils 18 years of age or older or in attendance at an institution of post-secondary education may authorize release without parental consent. Proof of age or attendance is required.



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

Lissette Colon-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	_____ 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 _____ 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:

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* <input type="checkbox"/> No <input type="checkbox"/> Not sure <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 <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an <u>evaluation</u> , has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____
Age at which services received (Please check all that apply): <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? (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: 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	
NAME: _____	POSITION: _____
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 ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	