



Copiague UFSD Registration Form

2650 Great Neck Road
Copiague, New York 11726
(631) 842-4015 Fax: (631) 789-8991

Screen for LEP		Registration Date	
Student ID#		Registered By	
Age		Enroll Start Date	
School		NexGen entered by	
Provisional Grade (school to confirm)		Bilingual Class Yes / No	

PLEASE COMPLETE ALL QUESTIONS (Please Print)
Please note: The student's legal name must be used

STUDENT INFORMATION

<i>Student Last Name:</i>	<i>Gender:</i> Male ____ - Female ____
<i>First Name:</i>	<i>DOB:</i>
<i>Middle Name:</i>	<i>Grade Level:</i>
<i>Home Phone:</i>	
<i>Address:</i>	
<i>Birthplace:</i>	

Ethnicity: Hispanic/Latino or of Spanish origin? Yes No

Race: (Choose all that apply)

(A) Asian (B) Black or African American (N) Native Hawaiian or Other Pacific Islander

(I) American Indian or Alaskan Native (W) White

Student resides with:

Both Parents Mother Only Father Only Mother/Stepfather Father/Stepmother Foster parents

Other (See Special Home Circumstance Section Below)

* Please indicate stepparent name: _____

This questionnaire is intended to address the McKinney-Vento Homeless Assistant Improvement Act. Your responses to this questionnaire will help our district determine which services your child may be eligible to receive,

1. Is your current address a temporary living arrangement? ____Yes ____No
2. If so, is this temporary living arrangement due to loss of housing or economic hardship? ____Yes ____No

If you answered **YES** please complete the remainder of this form.

If you answered **NO**, please **STOP HERE**.

Please check what best describes where this student is currently living:

- | | |
|---|--|
| <input type="checkbox"/> In a shelter
<input type="checkbox"/> in a motel or hotel
<input type="checkbox"/> in a transitional housing program
<input type="checkbox"/> in a car, trailer or campsite
<input type="checkbox"/> in a rented trailer/motor home on private property
<input type="checkbox"/> awaiting foster placement
<input type="checkbox"/> other place unfit for human habitation
<input type="checkbox"/> NONE OF THESE CHOICES APPLY | <input type="checkbox"/> in a rented garage due to loss of housing temporarily with an adult that is <u>not</u> the parent/legal guardian of child, due to loss of housing
<input type="checkbox"/> in a single room occupancy building temporarily in another family's house or apartment due to loss of housing |
|---|--|

PLEASE LIST SIBLINGS NAME(S)/AGE(S):

<u>NAME</u>	<u>AGE/SCHOOL</u>

PARENT/GUARDIAN INFORMATION:

ADDRESS MAILING AS

Please Circle One: Mr./Mrs.; Mrs.; Ms.; Mr.; Dr./Mrs.: Dr./Dr.; Other

Guardian 1 Last Name:		DOB:	Relationship:
First Name:		E-mail:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Mail copies of grades and other student correspondence: ___ Yes ___ No			

(Please complete only where information is different from above)

Guardian 2 Last Name:		DOB:	Relationship:
First Name:		E-mail:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Mail copies of grades and other student correspondence: ___ Yes ___ No			

Office Use Only

Proof of Residency: LL affidavit Lease Mortgage Statement Property Tax Bill Utility Bill
 Other: _____

SPECIAL HOME CIRCUMSTANCES: (Complete if a Single Parent, Legal Guardian, Foster Parent or Agency)

If separated or divorced, other parent will have the right to visit student in school and have access to student's records unless we have a legal document indicating otherwise. Please indicate any restrictions in the area below and provide a copy of legal document, if applicable.

Legal Custody of child is with_____. Is there a joint custody agreement?_____

List any restrictions other parent has regarding child_____

List type and date of legal document provided_____

If you are a Guardian please complete the following:

Name of child's natural parent(s)_____

Address or whereabouts of natural parent(s)_____

Official document indicating custody and restrictions, etc., if any_____

If you are a Foster Parent or Foster Care Agency you must complete the following or registration will be held until all missing information is provided. Also, a DSS-2999 Form and a letter verifying information below are required or registration will be held.

Name of Foster Parent(a)_____

Name of Agency_____ Agency Code #_____

Agency Address_____ Type of Agency_____

Case Worker and/or Social Worker_____ Phone No._____

DSS Case #_____ CIN #_____ CB#_____

Date child was placed at current location_____ Date at previous location_____

PREVIOUS ADDRESS INFORMATION

<u>Dates To/From</u> <u>(most recent first)</u>	<u>Address</u>	<u>Location: Country/City/State/Zip Code</u>

PREVIOUS SCHOOL INFORMATION

<u>Schools Attended</u>	<u>Grade Level</u>	<u>Dates To/From</u> (most recent first)	<u>Location:</u> <u>City/State/Country</u>	<u>Special Programs</u> (E.S.L., Special Education, etc)

Have you ever attended Copiague School District? Yes _____ No _____

DOCTOR/DENTIST INFORMATION

Doctor's Name:	Phone:
Address:	

Dentist's Name:	Phone:
Address:	

EMERGENCY CONTACTS

Name:	Relationship:	
Address:		
Home Phone:	Cell Phone:	Work Phone:

Name:	Relationship:	
Address:		
Home Phone:	Cell Phone:	Work Phone:

EMERGENCY CONTACTS Cont.

Name:		Relationship:
Address:		
Home Phone:	Cell Phone:	Work Phone:

Name:		Relationship:
Address:		
Home Phone:	Cell Phone:	Work Phone:

ADDENDUM TO REGISTRATION OF NEW STUDENT:

Does your child have a known or suspected disability that substantially impacts his/her learning? Yes No
If so, describe: _____

Has your child been evaluated for a disability? Yes No
If so, please describe: _____

Has your child been classified by a Committee on Special Education as a student eligible for Special Education Services? Yes No
If so, please describe: _____

Has your child received any special services (i.e.) Speech, OT, PT, AIS, ESL, etc.) in a previous school? Yes No
If so, Please describe: _____

PARENT OR LEGAL GUARDIAN OATH:

I, _____, say that I am the parent/guardian of _____, and that I have read the foregoing application and know the contents thereof; that the same are true to my own knowledge and that I have given the answers set forth above knowing that the Copiague School District will rely upon them in determining whether the child is to be admitted to its school system.

Signature of Parent/Guardian *Date*



Lisette 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:
		<input type="checkbox"/> Male
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	_____	<input type="checkbox"/> Father	_____
	<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>	

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 <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 <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 evaluation, 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 QUALIFIED 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: _____ <small>MO. DAY YR.</small>	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: _____ <small>MO. DAY YR.</small>	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: _____ _____	