



# Southampton Public Schools New Student Registration Form

Pre-K  
Intermediate School

Elementary School  
High School

Entry Grade Level:  
Re-Enrollment: Yes No If yes, exit grade  
Date of Initial Registration:

**PLEASE PRINT**

SPS Student ID Number:

**Student's Name**

(As it appears on Birth Certificate)

Last

First

Middle

**Gender**

Male

Female

**Date of Birth**

MM DD YYYY

**Birth Place**

City

State/Prov.

Country

**Proof of Birth for Student – Originals Only**

Birth Certificate

Passport

**Ethnicity**

Latino/Hispanic

Yes

No

**Race** Select one or more races from the following five racial groups (Check all that apply; check **at least** one box):

American Indian or Alaska Native

Asian

Native Hawaiian/Pacific Islander

Black

White

**Language spoken at home**

**Dominant Language**

**Special Programs in previous school**

504

Athletics

Special Education

AIS

ESL/Bilingual

Enrichment/Gifted/Talented

Other

**Date of Entry into 9<sup>th</sup> Grade in a New York State School**, if applicable

MM DD YYYY

**Date of Entry in New York State**

MM DD YYYY

**Have you repeated a grade level in school?**

Yes

No

If yes, which grade level

**Have you advanced a grade level in school?**

Yes

No

If yes, which grade level

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 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:

**School Transferred From -** Name of School

Mailing Address

Mailing Address

Phone/Fax

City

State

Zip

**Tuition paid by Sending School**

Yes

No

**Tuition paid by Parent/Guardian**

Yes

No

**Foreign Exchange Student**

Yes

No

**Does the student have a Student Visa?**

Yes

No

**If Parent/Guardian is a Tuckahoe resident, please skip this section.**

**Do you own your home?**

Yes

If yes, since what date?

No

If no, I rent/live in the home of

How long at this address?

My living arrangement is governed by a

Formal Lease

Other

Tax Bill

Utility Bill

Lease

**Proof of Residency**

(2 original proofs from 2  
Of the following are required)

Notarized Letter from Owner

Notarized Letter from Lessee

Notarized Affidavit of Residency

County Affidavit

Shinnecock Trustee Letter

Tuckahoe Verification Materials

**Home Phone of Student**

( )

Area Code

**Home Address of Student**

(No PO Boxes)

Street Address

City

State

Zip

**Mailing Address of Student**

Mailing Address

City

State

Zip

**Previous Home Address**

Address

City

State

Zip

**Previous Home Telephone Number**

( )

Area Code

**Legal Father**

Home Telephone	( ) Area Code	First Name		Last Name	( ) Area Code
Day/Work Telephone	( ) Area Code			Cell Phone	( ) Area Code
Marital Status	Married	Single	Divorced	Separated	Widowed

Place of Employment

Email Address

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**Legal Mother**

Home Telephone	( ) Area Code	First Name		Last Name	( ) Area Code
Day/Work Telephone	( ) Area Code			Cell Phone	( ) Area Code
Marital Status	Married	Single	Divorced	Separated	Widowed

Place of Employment

Email Address

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**Guardian**

Home Telephone	( ) Area Code	First Name		Last Name	( ) Area Code
Day/Work Telephone	( ) Area Code			Cell Phone	( ) Area Code
Marital Status	Married	Single	Divorced	Separated	Widowed

Place of Employment

Email Address

Relationship to Student

Proof of Guardianship – Please check one box

<input type="checkbox"/> Court Documents	<input type="checkbox"/> Notarized Guardianship	<input type="checkbox"/> Court Custody
<input type="checkbox"/> Adoption Documents	<input type="checkbox"/> Notarized Affidavit of Emancipation	

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**With whom does the student reside?**

Name of Stepfather/Stepmother

First Name	Last Name
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**Send Reports to Other/Second Parent**      Yes      No

Other/Second Parent's Name

Mailing Address

Mailing Address

Email Address

First Name

Last Name

City

State

Zip

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**Name of all brothers and sisters living in the home or not**

Name (first, last)

Date of Birth

Gender

School Name

Grade

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Do you have a computer at home	yes	no	Do you have a computer at work?	yes	no
Do you have Internet access at home?	yes	no	Do you have internet access at work?	yes	no

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**\*Completion of the Home Language Questionnaire is required by the New York State for Speech-Language Screening and English as a Second Language Services.**

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**WARNING**

1. Any person or persons, who willfully provide false information regarding residence, will be subject to criminal penalties.
2. A false statement regarding residence or entitlement to a tuition free education from the District is punishable as a Class A Misdemeanor. In addition, if it is determined that a registrant's child resides outside the District, the District may take legal action to collect tuition charges; such charges may exceed \$10,000 per year if the student is not legally entitled to receive a tuition free education from the District.
3. The District reserves the right to investigate any student's residency by any legal means available, including but not limited to public records, site visits and other lawful methods of investigation.
4. The school retains the right to temporarily delay completion of the student's registration pending evaluation of the facts presented in this form or any other required form.
5. I also understand it is my responsibility to notify the school of any changes and/or circumstances affecting this application.

**Signature of Parent/Guardian**

Date

State of New York; County of Suffolk

Sworn to before me this      day of      , 20

Notary Public

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

### 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:  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:	