SOUTH COLONIE CENTRAL SCHOOL DISTRICT
102 Loralee Drive
Albany, NY 12205

DeNeen M. Bogdanowicz
Central Registrar/
McKinney Vento Liaison

Phone: (518) 869-3576 Fax: 1(833) 961-1185
www.southcolonieschools.org

Dear Parents and Guardians:

Welcome to the South Colonie Central School District! Please complete one packet for every child you are registering.

When you register with me by appointment, the parent (s) or person(s) in parental relations of the child will be required to submit (3) forms of documentation establishing residency in the school district, including but not limited to, the following:

- A copy of a residential lease; deed; or mortgage statement
- A statement by a third-party landlord, owner, or tenant from whom the parent(s)/guardian(s) lease from or live with (notarized affidavit)
- Such other statement(s) by a third party establishing the physical presence of the parent(s)/guardian(s) in the school district.
- Pay stub
- Income tax form
- Utility or other bills
- Membership documents based upon residency (e.g. library cards)
- Voter registration document(s)
- Official driver's license, learner's permit, or non-driver ID
- State or other government issued identification
- Documents issued by federal, state, or local agencies
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers

Within three (3) days of this initial enrollment South Colonie Central School District will make a residency determination based upon the material provided by the parent(s)/guardian(s).

In order to determine a student's age a certified transcript of a birth certificate or record of baptism, (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth is available is required. If such documents are not available a passport would be accepted.

NY Public Health Law §2164(7) (a) states no child can be admitted to attend school, in excess of fourteen days, without certification provided as evidence of the child's immunization against polio, mumps, measles, diphtheria, rubella, varicella, hepatitis B, pertussis, tetanus, and where applicable Haemophilus influenza type b (Hib) and pneumococcal disease. If parent is transferring from out-of-state or from another country and can show a good faith effort to get the necessary certifications the 14-day period can be extended to not more than 30 days. Each new entrant is also required by NY Public Health Law to submit proof of a health examination which shall not be more than twelve (12) months prior to the commencement of the school year.

Once you have all the required documentation, you're ready to register your child.
Please contact me at (518) 869-3576 Ext 0454 to make an appointment for registration.

Your papers will be reviewed and then forwarded to the school your child will attend. Once your child's school records have been received from the previous school the student shall begin attendance as soon as practicable. Teacher information, bus information as well as programming for your child will be arranged by the building your child will attend.

Sincerely,
SOUTH COLONIE CENTRAL SCHOOLS

DeNeen M. Bogdanowicz

DeNeen M. Bogdanowicz
Central Registrar/
McKinney-Vento Liaison

ENROLLMENT CHECKLIST

For Parent/Guardian:

____ Proof of Age: Birth Certificate, baptismal certificate or passport

____ Immunization Records, physical exam at grades Pre-K, K, 1, 3, 5, 7, 9, 11 and <u>all new entrants</u>.

____ Residency Questionnaire

____ Proof of Residency: mortgage statement, deed, or lease agreement

____ If parent resides in a dwelling that they do not lease or own, an Affidavit must be filled out and notarized*

____ Student Registration Form and Census Verification Form
Filled out accurately with parent signature

____ Foreign Language questionnaire (if applicable)

____ School Records (IEP if applicable) or release form and fax number from previous school

_____ Affidavits (if applicable)

For School Use only:

____ Determine enrollment eligibility OR give 3 days to provide missing information

____ McKinney-Vento determination –STAC202 Completed

____ Application complete and accepted

____ Application incomplete or

_____ Determination that student _____ is/_____ is not eligible to enroll

_____ Initial determination letter

_____ Investigation Complete

____ Resident

____ Non-resident

Proof of Residency Form

Parent/Guardian

Name:_____

Physical Address:_____
City/State/Zip:_____

Student(s) Names & Grades
_____
_____

Own or Rent (Please circle one)

To enroll you must reside in the school district. Solely owning property or a home does not constitute residency.

Proof of residency is required before a student may be registered. Post office boxes will not be accepted. You must provide a least three (3) proofs from the following list: (Where current is indicated this mean valid or within the last 30 days. Your name and address must be indicated on these documents and current.)

____ Tax Bill (current)	_____ Current Driver's License (name/address preprinted)	_____ Current Utility Bill (name/address)
____ House Deed	_____ Current Car Registration (name/address preprinted)	_____ Current Cable/Satellite TV (name/address)
_____ Mortgage Statement	_____ Current Car Insurance ID	_____ Current telephone bill
_____ Affidavit Notarized Landlord	_____ Current Insurance binder/bill Car, Renters, Homeowner's	_____ Current Credit Card (name/address)

_____ Purchase Contract (must contain both the seller's and the purchaser's name and the address of the property to be purchased)

_____ Lease Agreement (must be current, legal and valid between owner and renter, must contain the landlord's name, signature, address and phone number)

This documentation will be retained in the student's file along with other required documents. Your child(ren) **will not** be admitted to the District until this form has been received by the District Registrar and verified.

_____ _____ _____ _____

Parent/Guardian Signature Date Approved by: Signature Date

/db

South Colonie
CENTRAL SCHOOL DISTRICT

102 Loralee Drive
Albany, New York 12205
Phone (518) 869-3576 ext 0454
Fax: 1(833) 961-1185

Enrollment Form

Residency Questionnaire

McKinney–Vento Assistance Act

The McKinney–Vento Assistance Act of 1987 is a federal law that provides money for homeless shelter programs.

CONFIDENTIAL INFORMATION

Name of LEA **South Colonie Schools**

Name of School _____

Name of Student _____

Gender: ☐ M ☐ F Date of Birth _____/_____/ _____ Grade _____

Address: _____ Phone _____

Where is the student currently living? (Please check one given below.)

☐ In an emergency or transitional shelter

☐ With another family or other person due to loss of housing or economic hardship

☐ With an adult who is not a parent or guardian or alone without an adult

☐ In a hotel/motel

☐ In a car, park, bus, train, campsite, public place, abandoned building

☐ Other temporary living situation (Please describe) _____

☐ **No, the student is residing in permanent housing.**

_____ _____

Print name of Parent, Guardian, or Student **Signature** of Parent, Guardian, or Student

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.

South Colonie
CENTRAL SCHOOL DISTRICT

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New Student Registration Form

Student Information

Student ID | Last Name | First Name | Middle Name or Initial | School | Grade-HmRm | Gender M/F | Date of Birth

Resident Address (House#, Street, City, State, Zip, Apartment or Lot#)
No P.O. Boxes

Mailing Address (If Different)

Home Telephone: _____ Is this student a foster child? ☐ Yes ☐ No

If yes, what is the home district: _____

If yes, a DSS 2999 Form is required

Check box if for Transportation only: ☐ Cohort Year (Year that student first entered 9th grade): September: ☐

Previous Enrollment Information

Former Address (House#, Street, City, State, Zip, Apartment or Lot#)

Has this student ever been enrolled in South Colonie? ☐ Yes ☐ No

Former School:

Name: _____

Address: _____

Phone: _____ Fax: _____

Has the child ever been expelled from school? ☐ Yes ☐ No

If yes, give reason: _____

Special Education Needs

Does the child receive special education services? ☐ Yes ☐ No
If so, please place a checkmark next to each service your child is receiving.

☐ 1:1 Aide	☐ Occupational Therapy	☐ Consultant Teacher	☐ Extended Test Taking Time
☐ BOCES	☐ Physical Therapy	☐ Self-Contained Classroom	☐ Classroom Aide
☐ 504 Plan	☐ Speech / Language Therapy	☐ Resource Room	☐ Declassified

Health Information

Family Doctor _____

Health Care Facility: _____

Hospital _____

Please list any treatments, illnesses, accidents, or allergies NOT previously reported:

_____

_____

Immunizations NOT previously reported:
(Indicate exact name of immunization and date (Month/Year)

_____

_____

Sports Information

Did the student play interscholastic sports at the "high school level" last year? ☐ Yes ☐ No

If yes, what sport:_____ What level: Select one: ☐ Freshman ☐ Junior Varsity ☐ Varsity

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CENTRAL SCHOOL DISTRICT

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Parent/Guardian Information

Parent 1

Name Prefix: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Other (Indicate) _____

Can this person:	Yes	No
Receive mail about this student?	☐	☐
Pick this student up from school?	☐	☐

Name: _____

Relationship to Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Relative ☐ Non-Relative

Legal Guardian: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Address: _____

(If Different from Student)

Occupation: _____

Employer: _____

Phone numbers

Work: _____ Cell: _____

Home: _____ Pager: _____

Spoken Language: _____

Written Language: _____

Personal Email: _____

Work Email: _____

Parent 2

Name Prefix: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Other (Indicate) _____

Can this person:	Yes	No
Receive mail about this student?	☐	☐
Pick this student up from school?	☐	☐

Name: _____

Relationship to Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Relative ☐ Non-Relative

Legal Guardian: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Address: _____

(If Different from Student)

Occupation: _____

Employer: _____

Phone numbers

Work: _____ Cell: _____

Home: _____ Pager: _____

Spoken Language: _____

Written Language: _____

Personal Email: _____

Work Email: _____

Parent 3

Name Prefix: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Other (Indicate) _____

Can this person:	Yes	No
Receive mail about this student?	☐	☐
Pick this student up from school?	☐	☐

Name: _____

Relationship to Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Relative ☐ Non-Relative

Legal Guardian: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Address: _____

(If Different from Student)

Occupation: _____

Employer: _____

Phone numbers

Work: _____ Cell: _____

Home: _____ Pager: _____

Spoken Language: _____

Written Language: _____

Personal Email: _____

Work Email: _____

Is there a custody issue? ☐ Yes ☐ No

If yes, who has custody? _____

_____

Is there an order of protection? ☐ Yes ☐ No

If yes, the school district must have a copy.

Important: The District shall presume that either parent of the student has the authority to obtain the child's release from school. However, a student shall not be released to a non-custodial parent if the district has been provided with a certified copy of a legally binding instrument, such as a court order, decree of divorce, separation or custody that indicates the non-custodial parent does not have the right to obtain such release.

South Colonie
C E N T R A L S C H O O L D I S T R I C T

102 Loralee Drive
Albany, New York 12205
Phone (518) 869-3576 ext 0454
Fax: 1(833) 961-1185

Emergency Contacts

List a relative and a neighbor who will be responsible for your child in case of illness/accident and you can not be reached

	Name & Address	Phone
Relative:		
Neighbor:		

Automated Telephone Notification

In the event of an emergency (e.g. early dismissal) both numbers listed below (Primary, Emergency) will be called. For non-emergency situations (e.g. community outreach) only the first number listed below (Primary) will be called.

Please Note: This system cannot dial extensions. Therefore, please use numbers that will reach you directly.

Primary: _____

Emergency: _____

Student Race and Ethnicity

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

[For question (1) Select the box that best describes your child.] Select only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race: ☐ **YES, Hispanic** ☐ **NO, not Hispanic**

2. Select ONE or MORE races from the following racial groups.
[For question (2) you may select all groups that apply to your child. Select at least ONE box.]

☐ American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India,Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Black: A person having origins in any of the black racial groups of Africa.

☐ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Immigration Information

For Immigrants Only: (Must answer all 4)

Initial date of entry into U.S.: _____

Years in U.S. schools: _____

Country of origin: _____

City where born: _____

Siblings in same household

Name:	Date of Birth:	Gender	Grade
		☐ M ☐ F	
		☐ M ☐ F	
		☐ M ☐ F	
		☐ M ☐ F	
		☐ M ☐ F	
		☐ M ☐ F	

Other Information

Has family moved within past 3 years to obtain migratory employment? ☐ **YES** ☐ **NO**

*** If yes, complete migrant worker form.**

Home Language (If other than English): _____

*** Requires completion of the Home Language Questionnaire.**

Internet Permission

My son/daughter has permission to use the internet at school:

☐ **YES** ☐ **NO**

Signature of person filling out form

Relationship

South Colonie
CENTRAL SCHOOL DISTRICT

102 Loralee Drive
Albany, New York 12205
Phone (518) 869-3576 ext 0454
Fax: 1(833) 961-1185

Medical/Health Information

Health History

Student Name: _____

If your child has had any of the following health problems or diseases, please check below and comment when necessary.

☐ Blood Disorders	☐ Allergies	**Comments**
☐ Chicken Pox	☐ Asthma	
☐ Chronic Ear Infections	☐ Birth Defects	
☐ Hearing Loss	☐ Bone/Joint/Muscle Problems	
☐ Hepatitis	☐ Diabetes	
☐ Mononucleosis	☐ Heart Disease or Murmur	
☐ Scarlet Fever/Strep	☐ Lead Level Elevated	
☐ Sickle Cell Disease	☐ Seizure Disorders	
☐ Speech Problems	☐ Serious Injuries	
☐ Tuberculosis	☐ Surgery/Hospitalizations	
☐ Vision Problems	☐ Other Health Issue	

Please list any medications taken daily at home or in school or as needed: _____

- **Please be aware that ANY medication taken in school requires a written order from a physician and written permission from a parent/guardian. (this includes over the counter/non prescription medications)**

Does your child have any social or emotional problems that may impact his/her ability to learn and socialize in school? _____

If so, please explain. _____

For the safety and well being of your child, you must be accessible in the event of illness or injury. Notify the school immediately if any of the emergency numbers or contacts you provided change. Parents must pick up their child when the child is ill or injured. If parents are unable to do so, they must designate a responsible adult to pick up and attend to their child.

It is essential that we maintain the safety of your child while he/she is in school, especially with regard to emergency and/or chronic medical condition(s). The medical condition(s) must be confirmed in writing. Medical condition information will only be shared with staff members who interact with your child. Any written information will be kept inaccessible to maintain privacy. Bus drivers and substitutes will keep emergency information in an area accessible only to them.

Your signature below allows us to share pertinent medical information in written form (name, diagnosis, symptoms of condition, proper treatment and actions for staff to take if necessary) with school staff. Also, please indicate whether your child will be wearing Medic-Alert information.

If your child participates in ANY school activities after regular school hours, it is your responsibility to inform the adult in charge of appropriate medical information

If your child has any emergency medication needs or medical issues that could result in emergency treatment, (for example, seizure disorder, diabetes, anaphylaxis, bleeding disorders, etc.) it is critical that you inform the adult in charge of the after school activity and the school nurse.

New York State Education Law requires all NEW ENTRANTS and students in Pre-K or K, 1st, 3rd, 5th, 7th, 9th and 11th grades to have a physical exam. If a physical form from your doctor/pediatrician is not returned within 30 days, your child will have to be examined by the school physician.

_____ _____

Signature of Parent/Guardian/Other Date

Relationship to student (Please check one below):

☐ Mother ☐ Father ☐ Guardian

Does child wear Medic Alert ID? _____YES_____NO
(initials) (initials)

South Colonie Central School District

STUDENT HEALTH EXAMINATION FORM (To be completed by private health care provider or school medical director)

Note: NYSED requires an annual physical exam for new entrants and students in Grades pre-K or K, 1, 3, 5, 7, 9 and 11, interscholastic sports and working papers

Name: _____ DOB: _____ Gender: ☐M ☐F

School: Grade: **EXAM DATE**

IMMUNIZATIONS

☐ Immunization record attached

☐ Immunizations reported on NYSIIS

☐ No immunizations received today

☐Immunizations received today: _____

☐Will return on: to receive:

HEALTH HISTORY

☐**Asthma**: ☐Intermittent ☐Persistent ☐Asthma Action Plan Attached

☐**Diabetes**: ☐Type I ☐ Type 2 ☐Hyperlipidemia ☐Hypertension ☐Diabetes Medical Mgmt Plan Attached

☐**Seizures** Type: _____ Last Occurrence: _____ ☐Emergency Care Plan Attached

☐**Allergies**: ☐Non Life-Threatening ☐Life-Threatening ☐Emergency Care Plan Attached

Type: ☐Food ☐Insect ☐Latex ☐Medication ☐Seasonal/Environmental ☐Other: _____

Allergen(s): _____

☐Hx of Anaphylaxis: Last occurrence: _____ Previous symptoms: _____

Treatment prescribed: ☐None ☐Antihistamine ☐Epinephrine Autoinjector

Significant Medical/Surgical Information:		**Positive**	**Negative**	**Not Done**	**Date**
	Sickle Cell Screen	☐	☐	☐	
	PPD	☐	☐	☐	
	Elevated Lead:	☐	☐	☐	

☐Vision one eye only ☐ One functioning kidney ☐One testicle ☐Concussion - Last occurrence:

PHYSICAL EXAMINATION

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Scoliosis: ☐Negative ☐Positive

Degree of deviation: _____

Angle of trunk rotation via scoliometer: _____

Weight Status Category (BMI Percentile):

☐ <5th ☐ 85th- 94th

☐ 5th- 49th ☐ 95th- 98th

☐ 50th-84th ☐ 99th & higher

Vision	**Right**	**Left**	***Referral***
Distance acuity			☐Yes ☐No
Distance acuity with lenses			☐Yes ☐No
Vision - near vision			☐Yes ☐No
Vision - color perception	☐ Pass	☐ Fail	☐Yes ☐No
Hearing	**Right**	**Left**	***Referral***
☐ 20 db sweep screen both ears or			☐Yes☐No

Check developmental stage (ONLY for Athletic Placement Process for 7th & 8th graders): **Tanner**: ☐I ☐ II ☐III ☐IV ☐ V

☐ SYSTEM REVIEW AND EXAM ENTIRELY NORMAL ☐ Additional information attached

Specify any abnormalities:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** (please base restrictions/modifications on the following Interscholastic Sports Category

- ☐ **No Contact Sports** includes: basketball, baseball, field hockey, ice hockey, lacrosse, soccer, football, softball, volleyball, competitive cheerleading and wrestling
- ☐ **No Non-Contact Sports** includes: archery, bowling, cross-country, golf, gymnastics, rifle, swimming and diving, skiing, tennis, track & field, fencing, badminton
- ☐ **Other Specific Restrictions**:

☐ **Accommodations**:	☐Protective Equipment	☐Sport Safety Goggles	☐Pacemaker
	☐Medical/Prosthetic Device	☐Athletic Cup	☐Insulin Pump/Insulin Sensor
	☐Brace/Orthotic	☐Hearing Aides	☐Other:

MEDICATION HISTORY (optional)

Please list names of prescribed or OTC medications used on a routine basis at home

_____ _____

_____ _____

MEDICATION REQUIRED DURING SCHOOL/SCHOOL SPONSORED EVENTS REQUESTED BY HEALTH CARE PROVIDER

Independent Use and Carry Option: NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medication, epinephrine autoinjector, insulin, glucagon and diabetes supplies, or other medications requiring rapid administration and parent/guardian permission to allow this option in schools.

☐ **Required Independent Use and Carry Attestation documentation is attached.**

Diagnosis	ICD Code	Medication Name	Dose	Route	Time

REQUIRED PARENT/GUARDIAN PERMISSION FOR MEDICATION USE AT SCHOOL - VALID FOR 1 YEAR

Parent/Guardian Permission: I request the school nurse give the medications listed on this plan; or after the nurse determines my child can take their own medications, trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with staff caring for my child

Parent/Guardian Signature:

HEALTH CARE PROVIDER

All information contained herein is valid through the last day of the month for 12 months from the date below.

Medical Provider Signature: _____ Date: _____

Provider Name: (please print) _____ Phone #: _____

Provider Address: _____ Fax #: _____

Return to:

School Nurse Lisha Kill Middle School, 68 Waterman Ave., Albany, NY 12205

Phone #: (518) 456-2306 ext 2 Fax: (518)869-4493 Date:

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:

Month *Day* *Year*

GENDER:

❑ Male
❑ 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?	❑ English	❑ Other _____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother _____ *specify*	❑ Father _____ *specify*	❑ Guardian(s) _____ *specify*
4. What language(s) does your child understand?	❑ English	❑ Other _____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other _____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ *specify*	❑ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:		STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
South Colonie Central School District (010601060000)	102 Loralee Drive Albany, New York 12205	
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: ❑ **NO** ❑ **YES**

****DATE OF INDIVIDUAL INTERVIEW:** _____ (MO DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ 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: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

South Colonie Central School District

Authorization for Release of Records/Information

PURPOSE OF AUTHORIZATION FOR THE RELEASE OF RECORDS

The Federal Family Educational Rights and Privacy Act (FERPA) requires schools to have written consent from a parent or legal guardian before releasing education records.

STUDENT INFORMATION

Date of Request: _____

Student Name: _____ Date of Birth: _____ Grade: _____

Last School in Attendance: _____ School Phone No.: _____

Parent/Legal Guardian Name: _____ School Fax No: _____

Relationship to Student: _____

USE AND DISCLOSER INFORMATION

I, the undersigned, do hereby authorize _____

(name of agency or educational institution maintaining records)

to disclose and deliver the complete education records maintained under the above name including but not limited to the following (Please check all that apply):

- ☐ Grades and transcripts
- ☐ School health records
- ☐ ELL Scores (if applicable)
- ☐ Psychological & Educational Testing
- ☐ Special education records
- ☐ Athletic Information
- ☐ Verbal Information
- ☐ Discipline
- ☐ Other (specify line below)

_____

The reason for disclosing the record(s) is: _____

The education records checked above shall be delivered to:

Name: DeNeen M. Bogdanowicz
Title/Organization: Central Registrar, South Colonie Central School District
Address: 102 Loralee Drive, Albany New York 12205
Telephone No: (518) 869-3576, Ext. 0454 **Fax No**: 1-833-961-1185
Preferable Method of Transmission: Email: Bogdanowiczd@scolonie.org

I understand that the information obtained by the South Colonie Central School District will be treated in a confidential manner under provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances.

I understand that my consent for the release of records is voluntary, and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under prior consent for release.

_____

Signature of parent/guardian Date

_____

South Colonie Central Registrar Date