



Schenectady City School District
Student Registration Form

ID # _____

Family # _____

School _____ Entering Grade _____

Student Name _____ Male or Female _____

Last First Middle

Date of Birth _____ City, State or Country of Birth _____

If born out of the Country, what was the date when the child first entered the US? _____

Home Address _____ Zip _____

Please check all that apply: Black _____ White _____ Asian _____ American Indian/Alaskan _____ Native

Hawaiian _____ Hispanic _____ (If Hispanic AND more than one race, please check all that apply:

Black _____ White _____ Asian _____ Native American _____ or Native Hawaiian _____)

**Any medical condition the school nurse should be aware of? _____ yes _____ no

Explain _____

Has Student received services in: Remedial Reading _____ Remedial Math _____ 504 Plan _____

Does Student have an Individual Educational Plan _____ Has student received English as a Second Language _____ Gifted and Talented? _____

Parent's Name _____ Male or Female _____

Address (if different from above) _____

Place of Employment _____ Work Phone _____

Home Phone _____ Cell Phone _____

Parent's Name _____ Male or Female _____

Address (if different from above) _____

Place of Employment _____ Work Phone _____

Home Phone _____ Cell Phone _____

Guardian's Name _____ Cell _____

Address _____ Home Phone _____

Sibling Information:

Name	Date of Birth	Male/Female	School
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Has student attended Schenectady Schools before? _____ If yes where _____

Child lives with: Both Parents _____ One Parent _____ (specify) _____ Guardian _____

Are there any Custody Issues? _____ If yes, please specify _____

Emergency Information Name _____ Phone _____

Last School Attended _____ Address _____

Date registered _____ by _____



Schenectady City School District

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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 record, 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)



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

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

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

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School

Address

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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 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 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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



SCHENECTADY CITY SCHOOLS



108 Education Drive • Schenectady, New York 12303
Phone (518) 370-8101 ext. 28116 or ext. 28127
www.schenectady.k12.ny.us

PARENT PORTAL Parent/Guardian Access Request Form

The Schenectady City School District can provide access to student information via the Infinite Campus Parent Portal. In order to protect the confidentiality of student records, all parents/guardians who want to use this service are required to fill out this form and return it in person to any one of your student(s)' schools or via e-mail at portal@schenectady.k12.ny.us. For security purposes, a photo ID is required when you return the form.

(PLEASE PRINT)

Parent/Guardian

Name: (One name per form)

(First Name, Middle Initial, Last Name)

Parent/Guardian

Home Address:

Phone:

Parent/Guardian

E-Mail Address:

Please list all children in household who are/will be enrolled in Schenectady City School District

Student Name	Your Relationship to Student	Reside with Student (Yes or No)	School	Grade Level

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above. This access is restricted to authorized users for official purposes only. Care must be exercised to ensure passwords and private data are secure and that unauthorized users are not permitted to access or make changes to your family's personal information. Passwords are not to be shared or recorded in any location that is accessible to unauthorized personnel.

Signed: _____ Date: _____
Signature & ID must be that of the Parent/Guardian shown on first line *mm/dd/yyyy*

Important – Once the information provided above is verified and processed, you will receive your Infinite Campus Activation via the eMail address you provided. Please allow five (5) to seven (7) school days to receive this email. When you receive your Activation eMail, you will be able to access the Campus Portal through on the Schenectady City School District's website: <http://www.schenectady.k12.ny.us/>, and create your username and password.

Office Use Only:

Date Returned: _____ ID Verified Form & ID Checked By: _____

Verify E-mail Activation eMail Data Provided: _____ Initials: _____