



# REGISTRATION FORM RESIDENCY VERIFICATION

\*Student Name \_\_\_\_\_ Student's DOB \_\_\_\_\_  
(Last Name) (First) (Middle)

\*Address \_\_\_\_\_  
(Street) (City) (Zip Code)

**CONTACT 1** Primary Residential Custody Relationship \_\_\_\_\_

\*Person in Parental Relationship \_\_\_\_\_  
(Last Name) (First) (Middle)

\*Address \_\_\_\_\_  
(Street) (City) (Zip Code)

\*Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**CONTACT 1** *Currently* a member of the Armed Forces and on **Active Duty**

\*If Separated or Divorced - Legal Custody of Child  Mother  Father  Both  Other \_\_\_\_\_

**CONTACT 2** Relationship \_\_\_\_\_

\*Person in Parental Relationship \_\_\_\_\_  
(Last Name) (First) (Middle)

\*Address \_\_\_\_\_  
(Street) (City) (Zip Code)

\*Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**CONTACT 2** *Currently* a member of the Armed Forces and on **Active Duty**

**ORIGINAL DOCUMENTATION SUBMITTED**  
*Documents must show the address of residence*

- |   |   |
|---|---|
| <input type="checkbox"/> Documentation of Purchase of Home/Condo in District<br><i>(closing papers, Mortgage statement, HUD papers)</i> | <input type="checkbox"/> Membership documents based on residency<br><i>(such as a library card)</i> |
| <input type="checkbox"/> Lease Agreement  | <input type="checkbox"/> Utility Bill or other Bill(s)  |
| <input type="checkbox"/> Notarized Statement from a Landlord  | <input type="checkbox"/> Tax Bill   |
| <input type="checkbox"/> New York State Valid Driver's License or learner's permit  | <input type="checkbox"/> Statement from a financial institution                                     |
| <input type="checkbox"/> Non-driver's Identification Card   | <input type="checkbox"/> Income Tax form  |
| <input type="checkbox"/> Car Registration   | <input type="checkbox"/> Voter registration document  |
| <input type="checkbox"/> State or other Government issued identification<br><i>(Government benefits document)</i>                       | <input type="checkbox"/> Court - Custody evidence or Guardianship papers                            |
|   | <input type="checkbox"/> Other _____  |

I understand that the provision of false information on this residency form could constitute a crime. In addition, I understand that the District reserves its right to recover from parents, persons in parental relation or other responsible parties the entire actual cost of educating a student (as established by the New York State Education Department), plus related costs, for the entire period that any non-resident student is enrolled in the District's schools without authorization and/or under false pretenses.

I hereby certify that the student listed on this residency form actually resides at the address specified above, within the West Seneca Central School District boundaries. I further certify that all the information I provided on this residency form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on this form.

\_\_\_\_\_  
*Signature of Parent/Person in Parental Relation*

\_\_\_\_\_  
*Date*

**West Seneca Central School District**  
**GENERAL INFORMATION**

Date \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Years in U.S. School(s) \_\_\_\_\_

Please check if child is a Foster Child  Yes  No

Name of Agency/Social Worker \_\_\_\_\_

Entry Date to U.S. (If not born in U.S.A.) \_\_\_\_\_

Did child ever attend pre-school?  Yes  No

Special Education?  Yes  No

Child will walk to school?  Yes  No

Sex:  Male  Female

**Legal Custody Alert:**

*A court order must be present in the file before a parent can be denied access to his/her child.*

Doctor: _____ Phone Number: _____ Date of First Polio Vaccine _____	<b>Medical Information/Medical Alert:</b>   
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**Other Children in the Family - Brother(s)/Sister(s)**

_____ (Last Name)	_____ (First)	_____ (Birth Date)	_____ (Last Name)	_____ (First)	_____ (Birth Date)
_____ (Last Name)	_____ (First)	_____ (Birth Date)	_____ (Last Name)	_____ (First)	_____ (Birth Date)
_____ (Last Name)	_____ (First)	_____ (Birth Date)	_____ (Last Name)	_____ (First)	_____ (Birth Date)

\_\_\_\_\_  
*Signature of Person in Parental Relationship* \_\_\_\_\_  
*Date*

<b>NON-CUSTODIAL EMERGENCY CONTACTS</b>	<b>CONTACT 1</b>	
	Name _____	Relationship _____
	Home Phone _____	Alternate Phone _____
	<hr/>	
	<b>CONTACT 2</b>	
	Name _____	Relationship _____
	Home Phone _____	Alternate Phone _____
	<hr/>	
	<hr/>	

**NOTE TO SCHOOLS/LEAS:** Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

## HOUSING QUESTIONNAIRE

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Last First Middle

Gender:  Male Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_\_  
 Female Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**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**  
If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **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.





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.**

<b>STUDENT NAME:</b>		
_____		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
_____		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
_____		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
_____		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>
_____	_____	_____

HOME LANGUAGE CODE

_____
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### 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>	<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)

<i>Educational History</i>
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? _____

_____ <i>Signature of Parent or of Person in Parental Relation</i>	Month: _____	Day: _____	Year: _____
_____ <i>Date</i>			
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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:	