



Southampton Union Free School District New Student Registration Form

HOUSING QUESTIONNAIRE

Name of LEA: Southampton Union Free School District

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

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



Southampton Union Free School District 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

SUFSD 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

Special Programs in previous school

504

Athletics

Special Education

AIS

ENL/Bilingual

Enrichment/Gifted/Talented

Other

Date of Entry into 9th 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 _____

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 not, I rent/live in the home of _____

How long at this address? _____

My living arrangement is governed by Formal Lease
 Other

Proof of Residency

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

- Tax Bill
- Lease agreement
- Notarized Letter from Owner
- Notarized Letter from Lessee
- Notarized Affidavit of Residency
- Recent utility bill such as electric, gas, oil, water
- Income tax form
- Pay Stub showing address
- 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

Legal Parent 1-

Home Telephone () _____ First Name _____ Last Name _____
 Area Code _____ Cell Phone () _____
 Area Code _____

Day/Work Telephone () _____
 Area Code _____

Marital Status Married Single Divorced Separated Widowed

Place of Employment _____

Email Address _____

Legal Parent 2-

Home Telephone () _____ First Name _____ Last Name _____
 Area Code _____ Cell Phone () _____
 Area Code _____

Day/Work Telephone () _____
 Area Code _____

Marital Status Married Single Divorced Separated Widowed

Place of Employment _____

Email Address _____

Guardian-

Home Telephone () _____ First Name _____ Last Name _____
 Area Code _____ Cell Phone () _____
 Area Code _____

Day/Work Telephone () _____
 Area Code _____

Marital Status Married Single Divorced Separated Widowed

Place of Employment _____

Email Address _____

Relationship to Student _____

Proof of Guardianship – Please check one box Court Documents Notarized Guardianship Court Custody
 Adoption Documents Notarized Affidavit of Emancipation

Name(s) of parent(s)/guardian(s) student lives with _____

Name of Stepmother/Stepfather-

_____ First Name _____ Last Name _____

Send Reports to Other/Second Parent Yes No

Other/Second Parent's Name _____
First Name _____ Last Name _____

Mailing Address _____
Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

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

Name (first, last)	Date of Birth	Gender	School Name	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

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 _____



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 (HLO)

*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 Father _____

specify

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 Does not speak

specify

6. What language(s) does your child read?

English Other Does not read

specify

7. What language(s) does your child write?

English Other Does not write

specify

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

SUFSD

70 Leland Lane
Southampton, NY 11968

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



NEW YORK STATE MIGRANT EDUCATION PROGRAM
IDENTIFICATION & RECRUITMENT OFFICE
PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality** or legal status. This program is **free of charge** to all eligible families and may include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.



Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations within the last three (3) years?

- Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)?



- Work related to logging, timber growing or harvesting? Work at food processing plant, (such as vegetable or poultry processing plants packing apples or vegetables)?



If you answer YES, please provide contact information below

Parent/Guardian/Eligible Person's Name: _____

Home address: _____

Telephone number: (____)-____-____ Best Time to be reached _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please contact *Julia Schnurman* - ESBOCES - (631) 548-7700,
 Or fax to (631) 369-4126: email - migranteducation@esboces.org or send by mail to:
 LONG ISLAND — METRO MIGRANT EDUCATION PROGRAM,
 969 Roanoke Avenue, Riverhead, NY 11901