



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 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 _____

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 _____

Phone/Fax _____
Mailing Address
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 () _____ First Name Last Name
 Area Code Cell Phone () _____
 Area Code

Day/Work Telephone () _____ Pager () _____
 Area Code Area Code

Marital Status Married Single Divorced Separated Widowed

Place of Employment _____

Email Address _____

Legal Mother

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

Day/Work Telephone () _____ Pager () _____
 Area Code 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 () _____ Pager () _____
 Area Code 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

With whom does the student reside?

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

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 <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? _____

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