



Pre-Registration Checklist

Be sure to bring the following when you pre-register for school.

- Proof of your child's age (child's birth certificate, passport, or record of baptism);
- Your child's immunization records (if available);
- Your child's latest report card/transcript (if available), and
- Two (2) of the documents below verifying proof of address:
 - Lease agreement, deed, mortgage statement for the residence;
 - A residential utility bill (gas or electric) in the resident's name issued by a utility company (such as National Grid or Con Edison) — must be dated within the past 60 days;
 - A bill for cable television services provided to the residence; must include the name of the parent and the address of the residence and be dated within the past 60 days;
 - Documentation or letter on letterhead from a federal, state, or local government agency, including the IRS, the City Housing Authority, the federal Office of Refugee Resettlement, the Human Resources Administration, or the Administration for Children Services (ACS), or an ACS subcontractor, indicating the resident's name and address — must be dated within the past 60 days;
 - A current property tax bill for the residence;
 - A water bill for the residence — must be dated within the past 90 days;
 - Rent receipt which includes the address of residence — must be dated within the past 60 days;
 - State, city, or other government issued identification (including an IDNYC card), which has not expired and includes the address of residence;
 - Income tax form for the last calendar year;
 - Official NYS Driver's License or learner's permit, which has not expired;
 - Official payroll documentation from an employer issued within the past 60 days, such as a paystub with home address, a form submitted for tax withholding purposes, or payroll receipt (a letter on the employer's letterhead is not adequate) — must include home address and be dated within the past 60 days;
 - Voter registration documents, which include the name of the parent and the address of residence;
 - Unexpired membership documents based upon residency (such as neighborhood residents' association), which include the name of the parent and the address of residence;
 - Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers; documents must have been issued within the past 60 days and include name of student and address of residence.

Note for Students in Temporary Housing

Students in temporary housing, as defined by McKinney-Vento, are not required to submit documentation (including address, proof of date of birth, and immunization) in order to enroll. Schools must provisionally pre-register the student and then work with the students in temporary housing DOE contact to obtain documentation.

For Official Use		
<input type="checkbox"/> ES	<input type="checkbox"/> MS	<input type="checkbox"/> HS
<input type="checkbox"/> GE	<input type="checkbox"/> SE	<input type="checkbox"/> ELL

Student Registration Form

To Be Completed by Parent/Guardian:

Student Information

LAST NAME		FIRST NAME		MIDDLE NAME	STUDENT ID #
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)				HOME PHONE NUMBER ()	
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER (optional) M <input type="checkbox"/> F <input type="checkbox"/>	PLACE OF BIRTH		HOME/NATIVE LANGUAGE
NAME, CITY, STATE OF LAST SCHOOL (or current school)					LAST GRADE COMPLETED
HEALTH INSURANCE INFORMATION: Does the student have health insurance? <input type="checkbox"/> YES ⇒ If YES, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> NO ⇒ If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				HEALTH ALERT: Any health condition that affects participation in physical activities. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? <input type="checkbox"/> YES ⇒ If YES, do you have a copy of the Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO					

STUDENT NAME: LAST

Parent/Guardian Information

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: _____ SPOKEN: _____	
HOME PHONE NUMBER ()	WORK/CELL PHONE NUMBER ()		PARENT/GUARDIAN EMAIL	

FIRST

To Be Completed by Enrollment Staff:

<p>Registration (check one):</p> <input type="checkbox"/> New <input type="checkbox"/> Re-admit to NYC DOE (less than 1 year) <input type="checkbox"/> Re-admit to NYC DOE (longer than 1 year) <input type="checkbox"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of-New York City school	<p>Disposition:</p> <p>_____</p> <p style="text-align: center;">Enrolled School Name</p> <p style="text-align: right;">DBN</p> <p>Referred to:</p> <p style="text-align: center;">School Name</p> <p style="text-align: right;">DBN</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>
<p>Transfer Request (check one):</p> <input type="checkbox"/> Safety <input type="checkbox"/> Medical <input type="checkbox"/> Travel (HS only) <input type="checkbox"/> Child Care (ES only) <input type="checkbox"/> Sibling (ES only) <input type="checkbox"/> Other (please specify): _____	
<p>Notes: _____</p>	

DATE:

I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

Name/Signature of Parent/Guardian: _____ Date: _____

Name/Signature of Counselor: _____

Additional Comments: _____



Department of Education

Federal Parent/Guardian Student Ethnic and Race Identification (PSE Form)

To the Parent or Guardian:

Federal law requires the New York City Department of Education to collect and record the ethnic identity and race of public school students. This information is used to determine funding for your school, among other things, and is kept safe and private.

We need your help to accomplish this task. Please respond to the ethnicity and race identification questions on the back of this page. The first question gives you a chance to share if your child is of Hispanic, Latino, or Spanish origin. The second question gives you a chance to share your child's race or races. The federal government provides the options that you will choose from. Please respond to both questions.

We understand the sensitive nature of this process. The options may not represent a perfect or complete portrayal of your family's own ethnic or race identification. We encourage you to select the options using your best judgment. If you choose not to answer, federal guidelines require New York City Department of Education school staff to respond on your behalf.

Race and ethnicity information for students is protected by the confidentiality regulations cited at the bottom of this page.¹

Thank you for your cooperation.

Directions for parents and guardians:

Please complete the form on the other side of this page and return it to your child's school.

Directions for school staff:

File the completed form in the student's cumulative folder as confidential information.

¹ **Confidentiality Procedures and Regulations:** the Family Educational Rights and Privacy Act (FERPA) and Regulations of the Chancellor A-820 prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.



Federal Parent/Guardian Student Ethnic and Race Identification

- All students between 5 and 21 years of age have the right to a free and public education.
Federal law requires the New York City Department of Education to collect and record the ethnic identity and race(s) of public school students.
Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identify, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.2

SCHOOL STAFF: PLEASE COMPLETE THIS SECTION

Student Name: (Last name, first name, middle initial) Date of Birth: (Month/Day/Year)
Name of School: District Borough Number:
Grade level: Official Class Code:
NYC Student Identification Number:

PARENT OR GUARDIAN: PLEASE COMPLETE THIS SECTION

Please answer both questions 1 and 2. Please read them before you respond.

For question 1, mark the box that best describes your child.

- 1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.

YES, Hispanic
NO, not Hispanic

For question 2, mark all boxes that apply to your child.

- 2. Select one or more races from the following five racial groups.

AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and South America (including Central America). (ATS Code: B)
ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (ATS Code: C)
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands. (ATS Code: D)
BLACK: A person having origins in any of the Black racial groups of Africa. (ATS Code: E)
WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. (ATS Code: F)

Signature of Parent/Guardian/Other/School Staff Observer: Date:

Relationship to student:

Parent
Guardian
Other (specify):
School Staff Observer (name):

2 Race may be considered as a factor in school enrollment only where required by court order; gender is a factor only in single-gender schools. T&I-30775 PSE Form (English)

HEALTH INFORMATION

Name of Physician/Clinic: _____ Telephone _____

Health Alert

Does child have any health condition that may affect participation in physical activities? Yes No
Limitations _____ (e.g., stair climbing, participation in gym)

Allergies _____

504 services for the current year? Yes No Previous Years? Yes No

My child has (X any that apply): Private health insurance Medicaid No health insurance

If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? Yes No

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail.
The recommendation of the parent as indicated above will be respected as far as possible.

SIBLINGS

Sibling's Last Name	Sibling's First Name	Sibling's School of Attendance

SIGNATURE OF PARENT/GUARDIAN

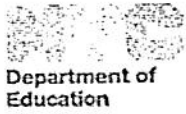
Principal will be notified in writing of any changes to information on this card _____
Signature of Parent/Guardian

To be completed by school staff only.

Grade _____ Class _____ Room No. _____ Teacher _____

List below contacts made for emergency, illness or injury. Relevant records from Health Record _____

Date	Contact	Reason	Disposition



The New York City Department of Education Pre-Kindergarten Language Needs Survey



Dear Parent or Guardian of _____ (enter student name here),
 This survey is an important piece of your pre-kindergarten enrollment package as it provides your new school with information about your family's language needs. Your assistance in answering the questions below is greatly appreciated. Please return this form to your school administrator, _____, and if you have questions, speak with _____ at _____.
 Thank You Student ID: _____

PART 1. LANGUAGE NEEDS: This information will establish what language is used at home and the language of instruction requested by the family (if available).

1. Which language(s) do you speak at home? Please check (✓) all that apply:

<input type="checkbox"/> English	<input type="checkbox"/> Urdu
<input type="checkbox"/> Spanish	<input type="checkbox"/> French
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean
<input type="checkbox"/> Bengali	<input type="checkbox"/> Albanian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Polish
<input type="checkbox"/> Russian	<input type="checkbox"/> Other, please specify _____

2. What language does the child understand?

English Other Home Language(s)

3. What language does the child speak?

English Other Home Language(s)

4. What language does the child read? Does not read yet

English Other Home Language(s)

5. What language does the child write? Does not write yet

English Other Home Language(s)

6. What language is spoken in the child's home or residence most of the time?

English Other Home Language(s)

7. What language does the child speak with parents/guardians most of the time?

English Other Home Language(s)

8. What language does the child speak with brothers, sisters, or friends most of the time?

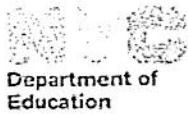
English Other Home Language(s)

9. What language does the child speak with other relatives or caregivers (e.g., babysitters) most of the time?

English Other Home Language(s)

10. Would you like your child to receive instruction using your home language (if available):

All the time Most of the time Some of the time



The New York City Department of Education
Pre-Kindergarten Language Needs Survey



PART 2. INSTRUCTIONAL PLANNING: Responses to these supplementary questions will be used for instructional planning. Enter the correct response for each of the following questions concerning your child.

1. Is this your child's first time participating in an instructional program or group experience in the U.S.?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF NO:	
a. Where did he/she go participate in daycare/preschool/play group?	
b. What was the date of enrollment?	
c. How long did he/she attend?	
d. Which language was used for instruction?	
2. Has your child participated in an instructional program or group experience in <u>another country</u> ?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES:	
a. Where did he/she participate in daycare/preschool/play group?	
b. How long did he/she attend?	
c. Which language was used for instruction?	
3. Does your child have any conditions that require special help or attention in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, please check all that apply:	
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Emotionally impaired
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Asthma
<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Developmentally Disabled
<input type="checkbox"/> Physically impaired	<input type="checkbox"/> Other (Please Specify) _____
IF YES, what early intervention has your child received, if any?	
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., Communication Board-manual/electronic)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES: Which ones?	

PART 3. PARENT INFORMATION: Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. What is your first language?	
Parent/Guardian: _____	Parent/Guardian: _____
First language: _____	First language: _____
2. In what language would you like to receive written information from the school?	
3. In what language would you prefer to communicate orally with school staff?	
Parent Signature _____	Date _____

School Staff: Please Complete This Section

Borough District School Name of School _____
 Date of Birth (Month/Day/Year) Gender NYC Student Identification Number

Student Name: Last, First, Middle Initial _____

Pre-Reg Date (Month/Day/Year) Date Entered in ATS (Month/Day/Year)

Parent/Guardian: Please Complete This Section

Please answer *both* questions (1) and (2). Please read them before you respond.

Question 1:

<i>What kind of care or early education did your child receive during the year before kindergarten?</i>			Office Use Only
Check <input checked="" type="checkbox"/> all that apply			
<input type="checkbox"/>	A	My child was cared for only in a home setting (either by me, by another family member, or by a non-relative such as a babysitter or nanny).	ATS: J
<input type="checkbox"/>	B	My child was in a Pre-Kindergarten setting that I paid for (for example, a community center, day care center, licensed family day care setting, parochial school, etc.).	ATS: K
<input type="checkbox"/>	C	A combination of A and B.	ATS: L
<input type="checkbox"/>	D	I lived outside of NYC the year before Kindergarten.	ATS: M
<input type="checkbox"/>	E	Free, DOE-Funded Pre-Kindergarten.	ATS: N

Question 2:

<i>What is the main reason you did not enroll your child in a free pre-k program the year prior to kindergarten?</i>			Office Use Only
Check <input checked="" type="checkbox"/> all that apply			
<input type="checkbox"/>	A	I did not know about free Pre-Kindergarten.	ATS: J
<input type="checkbox"/>	B	The application process for free Pre-Kindergarten was too difficult.	ATS: K
<input type="checkbox"/>	C	There were no free Pre-Kindergarten options in my neighborhood.	ATS: L
<input type="checkbox"/>	D	I applied for free Pre-Kindergarten but my child did not get admitted in the program that was my top choice.	ATS: M
<input type="checkbox"/>	E	The free Pre-Kindergarten programs available for my child were half-day and I needed a full-day program.	ATS: N
<input type="checkbox"/>	F	The free pre-Kindergarten programs available for my child were full-day and I needed a half-day program.	ATS: P
<input type="checkbox"/>	G	I wanted to keep my child at home.	ATS: Q
<input type="checkbox"/>	H	I preferred to keep my child in the same educational setting as the year before pre-kindergarten.	ATS: R
<input type="checkbox"/>	I	None of the above.	ATS: S
<input type="checkbox"/>	J	I had concerns about the quality of DOE-funded Pre-kindergarten available to me.	ATS: T
<input type="checkbox"/>	K	Pre-kindergarten services were not available at my zoned District School.	ATS: U

Signature of Parent: _____ Date: _____

Entered in ATS By: _____



**Department of
Education**

Dear Parent or Guardian,

In order to provide your child with the best education possible, we need to determine how well he or she understands, speaks, reads, and writes English. In order to keep you informed, we would like to know your language preference when receiving important information from the school. Your assistance in answering the questions below is greatly appreciated. Thank you.

PART 1. NYSITELL ELIGIBILITY

This information provided below will be used along with other information provided to determine your child’s home language and eligibility for the New York State Identification Test for English Language Learners (NYSITELL). Check (v) the box that applies. If another language is used, please specify.

- 1. What language(s) does the child understand? English Specify Other Language
- 2. What language(s) does the child speak? English Specify Other Language
- 3. What language(s) does the child read? English Specify Other Language Does not read
- 4. What language(s) does the child write? English Specify Other Language Does not write
- 5. What language is spoken in the child’s home or residence most of the time? English Specify Other Language
- 6. What language does the child speak with parents/guardians most of the time? English Specify Other Language
- 7. What language does the child speak with brothers, sisters, or friends most of the time?
 English Specify Other Language
- 8. What language does the child speak with other relatives or caregivers (e.g., babysitters) most of the time?
 English Specify Other Language

PART 2. PRIOR EDUCATIONAL INFORMATION

Responses to these questions will be used for instructional planning. Enter the information for each of the following questions concerning your child.

- 1. Is this the first time the child has attended a school in the United States? Yes No If NO, answer questions below:
 - Where did he/she go to school?
 - How long did he/she attend school?
 - How many hours each day?
 - How many years of school did he/she attend?
 - Which language was used for instruction?
 - Has there ever been a time when your child missed school for an extended time? If yes, please describe.
- 2. Has the child attended school in another country? Yes No If YES, answer questions below:
 - Where did he/she go to school?
 - How long did he/she attend school?
 - Which language was used for instruction?
- 3. Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)?
 Yes No If YES, what language was used?
- 4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., communication board-manual/electronic)?
 Yes No If YES, specify:

PART 3. PARENT INFORMATION

Responses to these questions help the DOE communicate with parents/guardians in the language of their choice.

- 1. In what language would you like to receive written information from the school?
- 2. In what language would you prefer to communicate orally with school staff?

Parent Signature: _____ Date _____



New York City Department of Education
Samuel Huntington Public School 40
109-20 Union Hall Street Jamaica, New York 11433 (718) 526-1904 Fax (718) 526-1209
Alison Branker, Principal

Christina Williams, Assistant Principal, Ext 3150

Tyeshia Miller, Parent Coordinator, Ext. 1010

IEP CHECKLIST FORM

STUDENT NAME: _____

DATE OF BIRTH: _____

WHAT SCHOOL DID THE STUDENT COME FROM? _____

HAS YOUR CHILD BEEN EVALUATED FOR ANY LEARNING DISABILITIES?
___ YES ___ NO

DOES YOUR CHILD HAVE AN IEP? ___ YES ___ NO

DOES YOUR CHILD RECEIVE SETTS? ___ YES ___ NO

DOES YOUR CHILD RECEIVE PHYSICAL THERAPY? ___ YES ___ NO

DOES YOUR CHILD RECEIVE OCCUPATIONAL THERAPY? ___ YES ___ NO

DOES YOUR CHILD RECEIVE MANDATED COUNSELING? ___ YES ___ NO

DOES YOUR CHILD RECEIVE SPEECH SERVICES? ___ YES ___ NO

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



Chancellor's Regulation A-101
Housing Questionnaire

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and must be completed for each student. **The information you provide is confidential.** Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Note to Schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. 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. The district cannot disclose housing status information without parental consent.

Student Name & Information:

Last Name	First Name	Middle Name
OSIS Number	Date of Birth (MM/DD/YY)	School

Please identify the student's current living arrangements. Please check one box:

Check (✓)	Housing Questionnaire Choice	(School Use Only) ATS Code
<input type="radio"/>	Doubled Up - With another family or other person because of loss of housing or as a result of economic hardship	D
<input type="radio"/>	Shelter - Emergency or transitional shelter	S
<input type="radio"/>	Hotel/Motel - Living in what is NOT an emergency or transitional shelter and involves payment	H
<input type="radio"/>	Other Temporary Living Situation - Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
<input type="radio"/>	Permanent Housing - Student who is living in a fixed, regular, and adequate housing situation	P

If the student is NOT living in permanent housing, also indicate if the below applies:

<input type="checkbox"/>	Unaccompanied Youth - Youth who is not in the physical custody of a parent or guardian	(School Use Only) Enter "Y" if Applicable
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Parent/Guardian (print)

Parent/Guardian Signature

Date

Please return this form to your child's school as requested.

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH). Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.

This form is accompanied by a one-page attachment titled: "McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth".