

Incoming Kindergarten Student Information

Please help our staff members learn about your child by completing the information below.

Child's Name: _____ **Date of Birth:** _____

Name your child prefers to be called (if different): _____

Home Address _____

Parent/Guardian Information:

Last Name: _____ First Name: _____

Home Address (if different): _____

Phone Number: _____ Email : _____

Additional Parent/ Guardian:

Last Name: _____ First Name: _____

Home Address (if different): _____

Phone Number: _____ Email : _____

Pre-School Information

If your child is attending a Pre-K program, please list the name of the school/ program:

Allergies & Medical Information

Does your child have any allergies ? Yes No

If yes, please list type of allergy _____

Will your child require medication in school to prevent/ treat this allergy? Yes No

Please list any other medical needs/ concerns below:

Languages

Please list any languages (other than English) that are spoken consistently at home:

Educational Support

Does your child have an IEP? Yes No

Please list any services that your child is currently receiving (speech therapy, occupational therapy, counseling etc.)?

Other Concerns

Please use the space below to share any additional concerns/ notes that you wish to share with our staff:

* Parents: Complete *
Page 2 only

The New York City Department of Education
Parent/Guardian Home Language Identification Survey

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TO BE COMPLETED BY SCHOOL PERSONNEL

Please do not place student information sticker on this form

District: _____ Borough: _____ School Number: _____ Date: _____

Student Last Name: _____ Student First Name: _____

Student ID#: _____ Grade: _____ Official Class: _____

RELATIONSHIP OF PERSON PROVIDING INFORMATION FOR SURVEY (check one):

Mother Father Guardian

Self (Student 18 years or older) Other (specify): _____

MANDATED INTERVIEW WITH STUDENT AND PARENT (Interview must be in English and, if applicable, the parent's preferred language)

English Specify home language: _____

Print full names and titles of trained pedagogue(s) conducting interview in English and home language with student and parent:

Last, First Name Title Last, First Name Title

Last, First Name Title Last, First Name Title

If an interpreter other than the above pedagogue(s) is used, print full name and title or relationship to student, if applicable.

Last, First Name Title/Relationship

Check here if over-the-phone Translation & Interpretation Unit services were used in lieu of school-based personnel.

TWO-LETTER OTELE ALPHA CODE

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NYSITELL-ELIGIBILITY

Print full name and title of trained pedagogue determining NYSITELL eligibility (if student has an IEP, indicate date the Language Proficiency Team NYSITELL Determination Form was sent to the Language Proficiency Team). NOTE: Only students whose home language is other than English are eligible for NYSITELL-eligibility determination.

Last, First Name Title

Signature Date

Eligible for NYSITELL testing: YES NO

Check here if this student has an IEP. Date Language Proficiency Team NYSITELL Determination Form was sent to LPT: _____

FURTHER SIFE SCREENING

Is the student eligible for further SIFE screening? (OTEL Code must be other than "NO")

YES NO

The New York City Department of Education
Parent/Guardian Home Language Identification Survey

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 (✓) the box that applies. If another language is used, please specify.

1. What language(s) does the child <u>understand</u>?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
2. What language(s) does the child <u>speak</u>?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
3. What language(s) does the child <u>read</u>?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not read
4. What language(s) does the child <u>write</u>?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not write
5. What language is spoken in the child's home or residence <u>most of the time</u>?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
6. What language does the child speak with parents/guardians <u>most of the time</u>?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
7. What language does the child speak with brothers, sisters, or friends <u>most of the time</u>?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) <u>most of the time</u>?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, answer questions below:
• Where did he/she go to school?
• How long did he/she attend school?
o How many hours each day?
o 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 <u>another country</u>? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, specify: _____

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. 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/Guardian Signature _____

Date _____

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			
Last	First	Middle	
OSIS #	Date of Birth (MM/DD/YY)	Gender	School

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

Check (v)	Housing Questionnaire Choice	School Use Only ATS Code
	Doubled Up With another family or other person because of loss of housing or as a result of economic hardship	D
	Shelter Emergency or transitional shelter	S
	Hotel/Motel Living in what is NOT an emergency or transitional shelter and involves payment	H
	Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
	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:

	School Use Only
Unaccompanied Youth Youth who is not in the physical custody of a parent or guardian	Enter "Y" if applicable

 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".**